COMPANION DOCUMENT

to

Strengthening Vocational Rehabilitation: A Vocational Rehabilitation Program Review

March 1992

TOGETHER WE'RE GOING TO WORK.

Workers' Compensation Board
Commission des accidents du travail

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Strengthening Vocational Rehabilitation: A Vocational Rehabilitation Program Review

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JURISDICTIONAL REVIEW:

Highlights Of Vocational Rehabilitation Programs

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Introduction

This review of vocational rehabilitation services and programs in other jurisdictions, within the workers' compensation context and in general, reveals recurrent themes in terms of the guiding principles for service delivery and the specific programs and services that are developed for persons with a disability. This introduction examines these themes that emerge from an international review of vocational rehabilitation.

Early Intervention

There is widespread acceptance of the importance of early intervention to the success of vocational rehabilitation. While the definition of "early" varies among jurisdictions, organizations providing vocational rehabilitation services recognize that contact must be made ***prior*** to the achievement of maximum medical rehabilitation. Various studies have shown that early referral to vocational rehabiltation services leads to a significantly higher return–to–work success rate. For example, a guiding principle of the German system is "rehabilitation before pension".

Hierarchy of Objectives

The hierarchy of vocational rehabilitation objectives which is fundamental to the Ontario Board's vocational rehabilitation program is widely recognized with some modifications in other Canadian and international jurisdictions. This hierarchy generally seeks to reintegrate workers through placement in the following way:

- to the same or a similar job with the pre–accident employer
- to a comparable job with a new employer
- to alternative work with the pre–accident employer
- to appropriate alternative work with a new employer

Since studies have shown that programs which minimize the upheaval in the worker's environment are the most effective, every attempt is made to meet the vocational rehabilitation objective while requiring as few changes as possible in the worker's life. Modified or alternative work in the same kind of occupation and in the same or similar work environment provide the best chance for successful rehabilitation.

Case Management/Multi–Disciplinary Approach

In recent years, the integration and coordination of claims adjudication, health care and vocational rehabilitation has received widespread acceptance. This concept is known as "case management", and it has proven to be a cost–effective method to facilitate an early and safe return to work.

Linked to case management is the concept of a multi–disciplinary approach to both claims management generally and to vocational rehabilitation specifically. Within vocational rehabilitation, such multi–disciplinary teams typically include:

- adjudicators (decision makers for monetary benefit decisions)
- vocational rehabilitation caseworkers
- employment specialists (job search experts)
- labour market analysts
- ergonomists

Through this multi–disciplinary approach, the varied needs of workers are addressed at an early stage and the chances of an early and successful return to work are maximized.

Rehabilitation Plans

The development of a clear written goal of a vocational rehabilitation program is a fundamental component of the vocational rehabilitation process in most jurisdictions. Participation of the worker in the development of this plan is also very common. Such plans facilitate an understanding of the process by all parties and help to ensure the cost–effective achievement of the vocational rehabilitation goals.

Participation in the Process

Most jurisdictions recognize the need for the participation and involvement of various parties in the vocational rehabilitation process: the worker, the worker's family, the employer, and the union or worker association. Ongoing communication among all the concerned parties is essential.

Education

Many jurisdictions are initiating education and awareness programs regarding the human and financial benefits of the reintegration of injured workers into the workforce. Service providers have developed media marketing campaigns and attended employer trade shows. Such educational programs focus extensively on the employer community, but many also promote awareness in the community at large.

Some programs, for example, Access Ability in British Columbia, are multi–purpose. Getting the business community involved in a training program has led to jobs for injured workers and increased employer awareness of issues surrounding the reintegration of disabled workers into the workforce.

Recognizing the importance of public education, some European countries have organizations whose sole function within the overall vocational rehabilitation process is to educate employers and promote interest in the hiring of persons with a disability.

Disability Prevention and Management

This approach is becoming common in the private sector in the United States. Vocational rehabilitation is one component of a larger process which emphasizes prevention of workplace injuries. However, once injuries do occur, the focus is on the retention of the individual's work identity and the maintenance of employment.

Financial Incentives

Many jurisdictions have implemented financial incentives for employers to support the foundation of their educational programs. The message is that it makes good financial and business sense to re–employ injured workers.

While such incentive programs are more common in Europe, some workers' compensation boards in Canada have recently initiated employer incentive programs, such as wage subsidies, during training or work assessments. Financial incentives found in Europe include: wage subsidies, loans, and special tax concessions.

Representatives at the 1989 International Labour Organization International Symposium held in Turin, Italy suggested that the desire to return injured workers to the job is strongest where the economic (and other) incentives are the strongest.

Job Clubs – Methods to Facilitate Successful Job Searches

Vocational rehabilitation service providers in all jurisdictions focus on equipping workers with the necessary skills to find a job. Job clubs/employment workshops act as a resource to assist workers in developing job finding skills. A supportive group environment is key to the success of many of these programs, while other programs provide the personalized attention necessary for some individuals who are encountering a particularly difficult time re–entering the workforce. These programs report being very successful.

Some jurisdictions have also assumed a job placement role. Programs have been implemented in Alberta and Manitoba to shift the focus from assisting workers in developing job finding skills to assisting workers in finding actual jobs. This shift has occurred because of concern that simply equipping the worker with the skills to find his/her own job may be insufficient in an economic environment where labour market conditions will have a significant impact on a worker's success in finding a job and where such conditions could produce unpredictable and unsatisfactory outcomes for some workers.

Job Matching/Job Banks

Labour market analysis is becoming a critical component in the vocational rehabilitation process. Vocational rehabilitation service providers are using job search experts and labour market analysts to maximize workers' opportunities for re–employment. Research is done to determine which jobs will be available when a worker finishes a training program, and the selection of the training program reflects that determinaton.

Many jurisdictions have employer inventories and computerized job banks which match jobs to suitable workers. Some databases also identify suitable jobs according to a worker's interests, abilities and transferable skills.

Emphasizing Ability

Some vocational rehabilitation programs have adopted a model which encourages workers to focus on their capabilities instead of their disabilities. Specific programs within the vocational rehabilitation process help workers come to terms with their impairment and focus on the things they *can* do. Under this type of model, a vocational rehabilitation caseworker acts as a facilitator and consultant; injured workers are empowered to achieve goals they have established for themselves.

In Israel, both group meetings and individual consultations are provided to help people with disabilities see themselves as capable and able to take the initiative and develop a rehabilitation process for themselves.

Integral to this emphasis on ability is the recognition that there is more to vocational rehabilitation than the acquisition of technical job skills: the individual's personal, social and other needs must be addressed at the same time. Therefore, some programs combine a training and job placement component with supportive counselling in other areas of the individual's life.

Data Collection

Many jurisdictions recognize the importance of data collection in facilitating the evaluation of vocational rehabilitation programs and gather information about caseloads, timing/duration of intervention, and program success. Knowing what does and does not work allows service providers to improve programs or develop new initiatives targeted at people who do not succeed in the traditional programs.

The collection of data regarding caseloads helps identify appropriate resource allocation and future trends, client, program, and staff development needs.

The Integration of Vocational Rehabilitation into the Social Insurance Structure

Representatives at the 1989 International Labour Organization symposium held in Turin, Italy stressed the importance of integrating vocational rehabilitation into the social insurance structure; programs are successful where the support systems are inclusive.

The coordination of rehabilitation policy with the general social policies of government has been achieved by a few European countries. For example, the right to rehabilitation is only one component of a complex social structure in Germany. A federal statute in that country provides that disabled people have a "social right" to integration or reintegration assistance.

While a system which has evolved over 100 years in another country is an unrealistic short–term goal, each organization in the province involved in vocational rehabilitation can contribute to the objective of the comprehensive reintegration of persons with disabilities into the workforce and society.

Chapter 1

North American Workers' Compensation Based Vocational Rehabilitation Programs

A program review is always enhanced by an examination of what is occurring in other jurisdictions. The purpose of this chapter is to briefly review successful workers' compensation based vocational rehabilitation programs in North America.

Canadian workers' compensation boards noted for comprehensive vocational rehabilitation programs have been reviewed. Except where noted, there has been little or no documented evaluation of these vocational rehabilitation programs. Some programs are too new for meaningful evaluations to have been completed.

The American review in this chapter focuses on states with comprehensive rehabilitation programs that have been evaluated for success.

CANADA

BRITISH COLUMBIA

The Vocational Rehabilitation Department at the British Columbia Workers' Compensation Board has the same hierarchy of objectives as Ontario and is committed to early intervention. Rehabilitation allowances cover the cost of retraining or education programs if those programs are considered necessary to overcome the effects of a residual disability. Discretionary payments can be made when wage loss benefits have been terminated for workers seeking employment or awaiting training. However, programs offered by the Canada Employment and Immigration Commission are considered before providing allowances.

Services provided to clients include vocational assessment and planning, job readiness and placement assistance, counselling, skill development and employability assessment.

The vocational rehabilitation process in British Columbia consists of five phases. In the first phase, all efforts are made to assist the worker to return to the pre-injury job with the accident employer. Typical interventions include work hardening, graduated return to work, work evaluation, and refresher training or skill upgrading. In phase two, the accident employer is encouraged and assisted in making worksite/job modifications or providing alternative in-service placement. If the accident employer is unable to accommodate the worker in any capacity, the strategy shifts to phase three, where vocational exploration is utilized to capitalize on the worker's directly transferable skills to identify suitable occupational options in the same or a related employment sector. Phase four involves a wider, more inclusive search for suitable occupational opportunities in all industries, for workers unable to return to alternative employment in the same or a related industry. All of the interventions utilized in the first three phases, as well as job search assistance is provided in this phase of the vocational rehabilitation process. In phase five, the development of new occupational skills is required and training programs are used, in addition to job search assistance, to help the worker secure employment once she or he is trained.

The Case Management System

The Case Management System is a computerized client tracking system implemented in 1991. The system generates process data on services provided and the current status of workers on a consultant's caseload. This system appears to have enormous potential to track and aggregate data related to services and outcomes of the provision of vocational rehabilitation.

The Functional Evaluation Unit

The Functional Evaluation Unit provides an objective appraisal of the worker's functional capacities and assists in the identification of suitable vocational alternatives. Two week evaluations utilize standardized tasks within industrial

workshops, where commercial work samples and an array of technological tools and equipment have been programmed and modified specifically to measure various physical capacities. Results are related to the requirements of specific jobs to identify suitable employment for further exploration. Two day evaluations compare the specific physical demands of a particular job with the capacities of an individual worker. Plans are now being developed to establish ergonomics teams to follow the worker back to the worksite to perform ergonomic assessments and assist the employer with other work–related concerns.

The Vocational/Work Evaluation Program

The Vocational/Work Evaluation Program makes available formal vocational assessments of interests, aptitude, achievement and personality. The Functional Evaluation Unit can also provide certain types of formal testing (e.g. interest, aptitude, achievement and work samples). Work evaluations in an actual work environment or in the simulated setting of the Board's Functional Evaluation Unit are also available.

The Worksite and Job Modification Program

The Worksite and Job Modification Program authorizes the Board to provide technical and financial assistance to modify jobs or alter worksites to accommodate and facilitate the return to work of injured workers in physically compatible working conditions.

The Job Search Assistance Program

The Job Search Assistance Program includes such things as group counselling, and referral to the Job Search Program, prospective employers, other agencies, and external job search programs, and the provision of a job search allowance.

The three day Job Search Program is designed to help workers develop the knowledge and skills required to conduct a successful search for employment. A program evaluation study showed the program to be effective in providing the worker with increased knowledge of job search/interviewing skills, a professionally prepared resume, and an increased motivation and self–confidence.

The study's conclusions provided a series of recommendations for program improvement and expansion. These recommendations included:

- a lengthened program to allow for more worker contact and in–depth assistance
- the re–introduction of certain aspects of the program, including practice interviewing and telephone contacts
- additional follow–up by vocational rehabilitation consultants

- the provision of better services to regional offices, and
- investigation of the possibility of expanding the program in a similar manner to the Manitoba program

The Board can provide a discretionary benefit in the form of a job search allowance to workers who are actively seeking employment or are attending the Job Search Program. The allowance does not exceed wage loss equivalency.

The Vocational Rehabilitation Program

The Vocational Rehabilitation Program was developed in 1987 as a computerized resource to assist in job matching. Other computer programs provide training resource information, and a job opportunities file. Other commercially available job matching systems are currently being evaluated for their potential application.

The Training Program

The Training Program at the Board consists of training on the job (TOJ is the preferred method of training) and formal training. TOJ is undertaken at an employer's worksite and is designed to provide the worker with specific skills leading directly to employment. A cost–sharing arrangement with the employer supports this type of training program for the worker. Formal training programs fall into three separate categories:

- training directly related to the disability which seeks to help the worker overcome the effects of a residual disability
- training partly related to the disability. In these cases, injured workers decide that they want to utilize training assistance to effect a general advancement of their education in order to upgrade the employment opportunities available to them. The consultant estimates the total expenditure that would have been incurred had the worker taken a program considered necessary to overcome the effects of the compensable injury. The worker is then offered that amount as a contribution towards the cost of the more advanced training.
- training unrelated to the disability considered part of a typical career pattern of advancement. No financial support is offered in these circumstances but the worker sometimes has the option of a commutation of pension to meet the costs of the program.

Specialized Services

The WCB has developed a number of specialized services in response to the unique needs of certain types of severe impairments experienced by workers and their families. These include:

- Spinal cord and other severe injuries. In these cases, early involvement and additional assistance is necessary. The additional assistance provided in

these cases include: vehicle modifications, home modifications, personal care allowances, independence and home maintenance allowances, and homemaker services.

- Industrial diseases. The focus of vocational service is on the provision of services to effect re–employment in situations where the working conditions are not endangering the worker.
- Assistance for surviving spouses and dependants of deceased workers. Counselling, placement services and training assistance are services available to surviving spouses and dependants.

Access Ability

Access Ability is a program started in 1987 that trains and places severely injured workers into a new career as qualified entry–level computer programmers. It is a 12–month course in business application computer programming, comprising of nine months in the classroom and three months in the field.

Students obtain a certificate at the end of the program and their credits are fully transferable to another post–secondary setting. Students may consult with the special needs advisor located at Access Ability regarding additional educational programs or job training opportunities. Other services provided by the special needs advisor include course adaptation, technical aids, computer loans, telephone devices for the deaf, advocacy and liaison, financial aid and special exam and extension arrangements.

The program recognizes that it takes more than the development of technical skills to effect the full reintegration of disabled workers into the workforce. Therefore, the program also includes tutoring, vocational counselling, job placement, and ongoing support for students during both the course and in the early stages of employment. Sixty of the province's largest corporations (both private and public sector) formed a Business Advisory Council to advise the WCB on:

1) Curriculum. The Council designs course material to meet public and private sector demands for entry–level computer programmers.
2) Student selection. The Council selects suitable students based on interview, aptitude tests, and relevant experience.
3) Equipment. The Council recommends computers and software to ensure that students are trained in current technology.
4) Evaluation. The Council advises on the evaluation of students and the program itself to ensure the early identification of problems.
5) Placement. The Council assists in finding employers willing to sponsor student internships and in finding permanent employment for graduates.

The Business Advisory Council facilitates numerous presentations to students by representatives of industry throughout the 12–month course.

In 1990, the program was transferred from the Board to a non–traditional post–secondary institution called the Open Learning Agency. The program now takes referrals from the WCB as well as disabled individuals from the community. Brochures promoting the program are distributed to persons with disabilities, rehabilitation professionals who may refer clients, and employers interested in hiring a graduate.

While outcome data is now being compiled, it is reported that all graduates are working – 85% in the information technology field and the other 15% in other fields.

Graduates work for major corporations in British Columbia – the Royal Bank, B.C. Hydro, B.C. Tel, and the Vancouver Stock Exchange. The program has clearly created employer awareness in the British Columbia business community.

ALBERTA

The Vocational Rehabilitation Department at the Alberta Workers' Compensation Board provides a wide variety of services, including:

- educational and vocational assessments
- selective job placement
- on the job training
- academic training
- financial assistance and allowances to workers engaged in a job search or rehabilitation program
- special equipment, and
- vehicle and home modifications

Alberta adopted a case management strategy in 1989. A case manager coordinates various Board services and helps ensure early intervention in physical, medical and vocational rehabilitation in cases involving more than 30 days of lost time from work. The case manager establishes a rehabilitation/return to work plan with the participation of the worker.

Work Hardening

The Rehabilitation Centre specializes in work hardening, a program designed to facilitate early intervention and early re–employment of injured workers.

The program has two components: conditioning and work simulation. Following an initial assessment, the worker is assigned to one of eight teams, each specializing in a different class of job.

Worksite Assessments

Worksite assessments are also conducted at the Rehabilitation Centre for clients returning to employment who may need modified seating or other workplace modifications in order to prevent re–injury.

Ergonomic Assessments

Ergonomics experts assist workers with job site modifications. A typical assessment includes collecting referral information, liaising with concerned parties, conducting an on–site assessment and submitting recommendations to the referring agent and employer.

Work, Occupational or Job Capacity Evaluations

The Rehabilitation Centre also provides a program entitled "Work, Occupational Or Job Capacity Evaluations". This program assesses the client's work, occupational or job skills, and behaviours, through testing and observation of performance within one or more job simulation areas.

Work Assessment Program

This program subsidizes 100% of the salary of a worker for one month while it is determined if the worker is suitable for a specific job.

Marketing Strategy

The Vocational Rehabilitation Department utilizes a marketing strategy. The goal of the strategy is to develop and implement a program to identify and expand employment opportunities for injured workers. One component of the strategy is the early distribution of vocational rehabilitation information to workers to motivate and empower them in their return to work process. Employment counsellors do initial screening, arrange psychometric testing to outline a worker's aptitudes and interests, and arrange work simulation evaluations at the Rehabilitation Centre to test physical capabilities.

The Vocational Rehabilitation Department has been involved in employer trade shows and media marketing campaigns to publicize the issue of the reintegration of injured workers into the workforce. The Board educates employers about all of its vocational rehabilitation programs.

Working Solution

A new program within the broader market strategy is called "The Working Solution". A computerized job bank allows marketing agents who call on employers to produce resumes of suitable workers. In the program's data base there is a large pool of job ready workers with proven work histories and a broad range of job skills. Staff at the Board do all the necessary paperwork to match a worker to a pre–identified job. When employers hire an injured worker, the Board cost shares wages during the training period, with the length of the period negotiated based on the employer's training requirements. The employer sets the pay rate and bills the Board for the wages paid. The Board also provides worksite modifications if necessary.

The computerized job bank also allows a worker's interests, abilities and transferable skills be used to identify suitable jobs.

Job Clubs

Job Clubs are also used as a resource to assist workers in developing job finding skills and job placement. The club is made up of people who are ready to return to work and are sure that they cannot return to their pre–injury employer. A job club usually lasts three weeks. Participants spend half days of the first week in classroom study and the rest of the time in an intensive job search. In the classroom, participants learn how to write a resume, develop job leads, behave in job interviews and make the best use of time during the job search. Participants support each other and share ideas and information. Each job club has a group leader who gives tips and suggestions. It is reported that over 70% of club members find a job through this process.

The Re–Employment and Career Help Centre (REACH)

The REACH opened in 1991. It was developed as part of a plan to serve the large number of workers who are without jobs because of their injuries, but are ineligible for vocational rehabilitation services. REACH is a drop–in centre that provides workers with a variety of services: a job board, career library, audio–visual aids, counselling, job clubs, and a series of career help workshops.

The Community Employment Re–entry Program

This program, a cooperative effort of Lethbridge Community College and the WCB, combines college and community resources in a comprehensive manner, to return injured workers to work. Following a referral from the WCB, physical functioning, psychological support needs, vocational aptitudes and interests, and optionally, academic level are assessed. Afterward, a team consultation involving all the program specialists and the WCB counsellor decide the types of program and support needed. The emphasis is on conditioning, work

hardening, life skills, job placement and on the job support. The college provides shop space for work experience and technical support for retraining.

Although research on specific programs has not been done, changes to vocational rehabilitation services in Alberta and the case management approach seem to have had a positive effect. Although not validated, some recent statistics suggest that:

- return to work with former and new employers increased 60% in 1990 over 1989
- the number of clients resuming work with their accident employer increased to 314 by August 1990, compared to 197 in August 1989, and
- the number of clients returning to work with a new employer increased to 1090 by August 1990, from 669 in August 1989.

SASKATCHEWAN

The mandate of the Vocational Rehabilitation Department at the Saskatchewan Workers' Compensation Board is to assist the injured worker in returning to productive employment that will minimize or eliminate wage loss.

Services of the department include: vocational counselling, employment skills development workshop, employer liaison program, rehabilitation information sessions, job search assistance, work assessments, training on the job, and academic/technical training. Special services include supportive counselling, technical aids, modification to the home/workplace, and personal care.

Job Readiness Program

The Job Readiness Program attempts to develop vocational rehabilitation plans directed towards jointly established and clearly focused employment opportunities. The program consists of:

1) **Vocational Profile**

The worker's medical restrictions, educational background, aptitudes, skills and employment history are set out.

2) **Vocational Participation**

Counsellors work with clients to determine available employment options that are consistent with aptitudes, skills, and the pre-accident salary. An individual re-employment plan is developed which targets options, lists return to work barriers and establishes expectations. The rationale, details, costs and timeframes of program sponsorship are set out.

3) **Vocational Assistance**

Workers should be job ready at the outset of this stage. Assessments, on the job training, worksite modifications, relocation or job search allowances are available.

4) **Vocational Assessment**

Vocational rehabilitation staff prepare an employability assessment, which is based on employment status, geographic considerations and an outline of jobs for which the worker can compete. Staff then prepare an estimated earning capacity report. Staff also provide follow–up counselling and refer workers to employers.

Employer Liaison Program

The Employer Liaison Program consists of consultation with the pre–accident employer to review the possibility of return to the job, potentially through job reassignment or workplace modification. Barriers to employment are identified. This consultation occurs during the Vocational Profile stage of the process set out above.

Employment and Skills Development Workshop

The Employment and Skills Development Workshop is available to assist with resume preparation, interviews and job leads. The workshop is run by staff in the Vocational Rehabilitation Department.

MANITOBA

The goal of vocational rehabilitation at the Manitoba Workers' Compensation Board is to provide for an early return to employment taking into consideration the worker's pre–accident status and post–accident capabilities, aptitudes and interests. The hierarchy of objectives is the same as in Ontario.

The vocational rehabilitation process is made up of four major phases:

- assessment
- plan development
- implementation
- evaluation

The assessment phase gathers information crucial to the development of the vocational rehabilitation plan: values, education, aptitudes and interests, physical capabilities, expectations, family relationships, mobility, skills, needs, economic conditions (labour market forecast), personality, and life experience.

Vocational goals are determined based on the client profile and a written plan of action is established by the vocational rehabilitation worker, the caseworker and the employer. Implementation flows from the established plan. Unforeseen obstacles and barriers are identified and plans for resolution are developed. The process includes evaluating the plan or program considering: stakeholder satisfaction, consistency with the client profile, improvement in general functioning, extent of independence, acquisition of skills, employment status, and employment retention.

Vocational rehabilitation services are provided by a multi–disciplinary team consisting of an adjudicator, a vocational rehabilitation consultant, an employment specialist and a rehabilitation nurse.

The vocational rehabilitation consultant is responsible for facilitating the worker's return to employment by assessing employment barriers and implementing required and appropriate vocational programs.

The employment specialist helps expedite the worker's return to optimal employment. The specialist also maintains employer/industry contacts for the purpose of developing and maintaining a prospective employer inventory (job bank). The employment specialist establishes an appropriate vocational goal, provides guidance in basic job search techniques (works closely with the Job Finding Club in offering specific employment preparation services), meets with employers to facilitate or arrange opportunities for employment, training on the job etc., and monitors placements to assist the worker and the employer address any problems that may arise. The employment specialist must have the ability to analyze labour market trends.

Vocational rehabilitation allowances include: tools and equipment, tuition and books etc., travel expenses, relocation, residential and vehicle modifications, clothing allowances, and attendants' allowances.

Adjustment Program

The Adjustment Program provides services to assist the worker to address personal, social or emotional difficulties that result from the injury. The services are intended to help the worker focus on, and prepare for reintegration into the workforce. Specific services include social, supportive, financial, and vocational counselling. Vocational counselling is the precursor to assessment and clarifies the various factors which need to be considered when establishing a vocational plan.

Assessment Program

The Assessment Program is used to evaluate or measure vocational functioning. Specific services include:

- psychometric tests/inventories – vocational interest inventories, vocational aptitude testing, achievement tests, personality inventories, and intelligence tests

- functional capacities evaluation – evaluation of a worker's physical capabilities based on performance in a real or simulated work environment
- medical assessments
- job analysis – the objective analysis of the content of jobs and description of jobs in a standardized and clear manner
- situational assessments – a systematic method of observing, recording, and interpreting work behaviour. It is used to assess behaviour in a real or simulated work environment and determine the worker's level of vocational functioning. This information can assist in developing remedial strategies if performance–related difficulties surface, and
- work samples – where the worker performs actual portions or simulations of jobs using the same materials, tools, and equipment used in the actual job

Employment Program

The Employment Program assists workers in preparing and competing for jobs. The specific services can be facilitated by any member of the multi–disciplinary team. The services include:

1) **Individualized Job Seeking Skills/Techniques**

In a one on one setting, the worker is provided with the skills to locate job openings, make applications, and participate in job interviews.

2) **Job Finding Club**

The club promotes specific activities in a group setting to maximize the worker's prospects of securing employment. The club offers:

a) a comprehensive job search skills session (three weeks) assists workers through instruction, practice and implementation of effective job search techniques

b) an English For Job Finding Purposes session (six weeks) is designed for workers who have limited English reading and writing skills. The content is similar to the three week program, but places a greater emphasis on increasing the worker's oral communication skills

c) follow–up groups for workers who were unsuccessful in locating employment during the basic and/or English For Job Finding Purposes sessions

d) specialty/remedial workshops which focus on individuals making calls to employers to inquire about possible employment, completing application forms, specific interviewing skills, career exploration and job seeking in rural locales. These workshops are attended by individuals unsuccessful in locating employment during the basic, EJFP or follow–up sessions, and

e) resume preparation

3) **Individualized Marketing Service**

This service is provided to workers with unique and extraordinary needs in terms of pursuing re–employment (lack of communication skills, lack of marketable skills, severe physical impairment, and lack of success following extensive standard intervention). Members of the vocational rehabilitation team assist these workers in obtaining a job; in effect the Board assumes a job placement role.

4) **Worksite Modification**

5) **Work Experience**

Provides the worker with the opportunity to develop skills marketable to potential employers. It also enables the worker to regain basic employment readiness skills.

6) **Work Assessment**

This service assesses the worker's capabilities to do a particular job, and identify and eliminate any employment barriers prior to actual employment. This assessment is usually a prerequisite to training on the job/employment.

7) **Training on the job**

An individualized training program is based on an agreement between the worker, employer, and vocational rehabilitation professional.

Re–education, Vocational and Academic Training Program

The Re–education, Vocational, and Academic Training Program supports vocational plans which initiate upgrading, vocational or academic training at recognized facilities or institutions. The caseworker helps the worker obtain information about available programs, maintains regular contact and gives support during the program (for example, obtaining tutorial services). This program is usually offered when the plan's priorities, established under the hierarchy of objectives, have been exhausted.

The following new initiatives have been undertaken to make the vocational rehabilitation program more cost effective and to provide accountability to the constituent groups.

Caseload Profile

The Caseload Profile assists in the evaluation of vocational rehabilitation services by categorizing caseload characteristics. The information will be used to identify:

- appropriate resource allocations

- worker needs
- staff development needs
- program needs, and
- future trends

Information Systems Project

The Information Systems project measures key variables such as:

- time between injury and vocational rehabilitation intervention
- duration and cost of vocational rehabilitation involvement
- types of vocational rehabilitation intervention, and
- employment status at time of case closure and in subsequent years

Disability Prevention and Management Program

The objectives of the Disability Prevention and Management Program are to:

- establish a greater awareness of compensation issues in the worker and employer communities
- encourage firms with persistent high costs to review their prevention and safety practices and to implement appropriate safety programs
- look at the development of modified work positions
- encourage firms to re–employ their injured workers
- encourage firms to use the WCB's Employment Services Unit when hiring new workers
- disseminate information on agencies and organizations to help firms address safety hazards in the workplace

QUEBEC

The Commission de la santé et de la sécurité du travail de Québec rehabilitation process follows these steps:

- admission to rehabilitation
- assessment of needs
- drawing up of a personalized rehabilitation plan
- rehabilitation programs are implemented

- the worker is declared able to carry on suitable employment
- job search support is provided

The counsellor first gathers all the information related to the worker's job, conducts an ergonomic analysis, if necessary, and identifies any obstacles to rehabilitation.

Financial incentives include:

- subsidies to the employer to promote the hiring of the worker
- the payment of any cost incurred to explore an employment market or to move to a new place of work
- subsidies to the worker to create and manage a business.

Programs include:

- a refresher program
- evaluation of vocational potential
- a vocational training program
- assistance in finding employment
- the adaptation of the position

The Ergonomic Analysis Worksheet

The Ergonomic Analysis Worksheet facilitates the return to the workplace of a worker with a permanent functional limitation who is experiencing difficulty in re–entering the workforce. The worksheet helps the parties involved to: determine if the worker has regained the ability to fulfil the demands of the previous job or of an equivalent one, identify a suitable job, and identify the necessary corrective measures. The worksheet facilitates the counsellor's work and increases the number of work stations adapted through a simplification of the process. The worksheet is comprised of five sections:

- profile of the worker
- profile of the company
- work study (enables the investigator to verify whether any functional limitations exist among the tasks assigned to the worker)
- analysis, and
- selection of corrective measures

The Quebec legislation permits the Commission to call on organizations and specialists outside the Commission to provide professional services within the context of a personalized rehabilitation program.

Consulting Services for Evaluation and Development of Vocational Abilities

This program provides the worker who is having difficulty returning to work with specialized services that will maximize vocational abilities in order to secure re–employment. The multi–disciplinary team could include:

- an occupational therapist
- an ergonomist
- a career advisor
- a physical education instructor
- a physiotherapist
- a psychologist
- a social worker
- a physician (in a consultative capacity)

Services are divided into five modules:

- a physical fitness program
- evaluation of functional vocational abilities
- development of functional vocational abilities
- workstation analysis and adaptation, and
- career counselling

Each module sets out a general objective, specific objectives, activities, the evaluation methods, the duties of the parties involved, and the expected duration of services.

NEWFOUNDLAND

The Commission provides assistance if it appears the worker will be unable to return to pre–injury employment. The Commission is committed to early intervention and the primary goal is to return the worker to employment with the pre–injury employer in the same or a similar occupation. Vocational rehabilitation workers try to confirm in writing an understanding between the counsellor and the worker of their respective responsibilities and the scope of the program. The Commission ensures that the worker has access to the necessary external support services.

Services include counselling, work skills assessment, on the job training, educational upgrading, technical training, and home and workplace modifications.

Job Search Program

The Commission has a job search program that may be applied in the initial stages of the rehabilitation process when a worker is attempting to identify an alternate employment goal or an on the job training opportunity, or following a training program. This program requires that the worker apply his/her efforts on a full–time basis. The worker must make at least three employment contacts per day. Efforts must be directed by a counsellor into a structured job search techniques program, a work skills assessment program, a work station program, or a trial work program. The worker is required to submit a weekly record of activity, with sufficient documentation to allow the counsellor to follow–up on potential job opportunities.

Self–Employment Assistance Program

The Commission runs a program of self–employment assistance. It is used where the worker cannot take advantage of conventional rehabilitation services, or where self–employment is the best method of assisting the worker to reach maximum earnings potential. In the former situation, the policy provides an alternative where usual rehabilitation programs are not practical because of: lack of education, lack of skills, age, limitations due to the injury, or the failure of conventional programs.

The Commission determines, with advice from an outside advisory agency, the feasibility of a self–employment proposal. The proposal must be reasonable in terms of: future viability, "business experience" of the venture (i.e. whether it is already established), capability of the worker, the family support available, and prior work experience.

The Commission may provide financial assistance in lieu of vocational rehabilitation services for up to a maximum of two years. The details of the program are outlined in a formal agreement between the worker and the Commission.

A review of vocational rehabilitation in Newfoundland is presently underway. Draft policies establish the same hierarchy of objectives as in Ontario, establish more precision in terms of eligibility and the timeframes for vocational rehabilitation, encourage cost–sharing for on the job training programs, and specifically define the tools and services available to injured workers.

UNITED STATES

NOTE: Caution must be exercised when reviewing statistics on the American return to work success rates for vocational rehabilitation clients. Some studies have adjusted the numbers to include only those individuals who completed their vocational rehabilitation programs.

MAINE

Maine has an Employment Rehabilitation Fund which pays for vocational rehabilitation in the workers' compensation setting. The Fund provides payments to providers, vendors, and schools for the actual and direct costs of implementing rehabilitation plans ordered by the administrator of the Office of Employment Rehabilitation. The state also has a program similar to Ontario's Second Injury and Enhancement Fund. If an injured worker who completes a rehabilitation program is subsequently injured at work, and the combination of the two injuries results in a reduction in earning capacity that is more than would have been sustained from the second injury alone, the employer is entitled to reimbursement from the Employment Rehabilitation Fund. The Fund also provides an incentive to employers to hire injured employees who have completed a rehabilitation program.

An insurer must submit a report if a worker has not returned to work 120 days after the accident. An evaluation of suitability for vocational rehabilitation services is done and if the person is deemed suitable, a plan is developed. A plan may provide for the following services and costs: rehabilitation diagnosis, counselling, school tuition, relocation expenses, and compensation for total incapacity during the course of the plan.

The Office Of Employment Rehabilitation monitors cases and has the authority to order the implementation of a proposed plan if the employer or insurer has vetoed it. The money needed to implement the plan is paid out of the fund and then the plan is reimbursed 100% of the costs of each successful plan by the employer or insurer. Job placement in any gainful work is the first priority. The priorized criteria are as follows:

- former job with same employer
- modified job with same employer
- new job with same employer
- on the job training with same employer
- return to a new employer
- on the job training with a new employer
- career retraining

A study done in 1987 of the effectiveness of rehabilitation in Maine, found that while 54% of plan closures indicated a return to work, 67% of those individuals said they would

have returned to the same job or a similar job without the vocational rehabilitation. In addition, the study found that many who returned to work reported lower earning capacity.

WISCONSIN

Early Return to Work Program

The Workers' Compensation Division in Wisconsin has attempted to encourage employers, worker organizations, and doctors to return injured workers to some type of job within the company as soon as possible after a work–related injury or illness. In 1986 the following checklist was developed for an early return to work program:

- begin planning for a return to work on the same day that a workers' compensation claim is filed.
- use a medical form that sets out what a claimant can do on the job after an injury, as well as what that person cannot do.
- transmit the medical information to all interested parties as soon as possible, and
- include the following components in the program: top management support; ongoing communication among all concerned parties; one person to implement and manage the program; a procedure for developing a job that is based on the employee's restrictions; and integration of the return to work program into the employer's loss control system.

CALIFORNIA

California has had a mandatory vocational rehabilitation provision in its workers' compensation statute since the 1970's. While the percentage of cases which qualify for and accept the vocational rehabilitation benefit account for only 2% of all lost time claims, the California system has proven to be extremely costly.

In terms of what types of programs have been successful, a 1980 study of the California experience found that 85% of workers who completed modified or alternative work programs which capitalized on the employee's transferable skills, returned to work. Fifty–two per cent of workers who participated in formal schooling programs found suitable work after the completion of the program. From these statistics, the researchers concluded that it is best to make as few changes as possible in the worker's life and modified or alternative work in the same area of work and, in the same or a similar work

environment, provide the best chance for successful rehabilitation. More complex training cannot match the cost effectiveness of short term rehabilitation programs that minimize the upheaval in the worker's environment.

Studies have shown the average costs of rehabilitation in California to be higher than some other states (Florida and Minnesota), while the return to work rate is somewhat lower. This may be because 77% of all rehabilitation cases in that state involve retraining, compared to 25% in Florida and Minnesota.

MICHIGAN

Vocational rehabilitation has been established in the workers' compensation statute in Michigan since 1965. The Vocational Rehabilitation Division screens cases that involve more than 120 days of lost time. If it is believed that the claimant can benefit from vocational rehabilitation services, the agreement of both parties to seek such treatment is obtained. Rehabilitation facilities provide a wide range of specialized services with an emphasis on placing an injured worker in suitable employment. Services include:

- coordination of physical restoration
- vocational evaluation, counselling, and guidance
- work–skill evaluations
- job analysis/selective placement
- job restructuring
- job re–engineering consultation
- specialized job placement to a new employer

A 1986 study found a 40.6% success rate (measured by return to work) for cases where a rehabilitation program was initiated. While 60% of the workers referred in the first 90 days returned to work, only about 29% of those referred after two years returned to work. The importance of early intervention was evident.

MINNESOTA

Vocational rehabilitation in Minnesota is mandatory. A consultation is required after 60 days of lost time (30 days for a back injury) to assess the likelihood of an injured worker benefiting from rehabilitation services. As well, a rehabilitation consultation must be offered as soon as it is determined that an employee will not be able to return to the pre–injury job.

Rehabilitation consultations must be performed by qualified rehabilitation consultants. These consultants facilitate communication between the parties by translating medical restrictions, options and objectives into terms the parties can understand.

Under the Minnesota statute, an employee who successfully returns to work following rehabilitation is paid an impairment benefit in a lump sum. To offer re–employment, the employer may use a modified permanent partial disability benefit which may reduce the employer's future premium cost.

A study conducted in 1988 assessed the system. It found:

- that the vast majority of injured workers return to work without any rehabilitation services. Rehabilitation plans were filed for approximately 12.5% of workers with lost time injuries.
- a 69% return to work rate (41% with pre–injury employer and 28% to a different employer) for cases closed in 1987. Thirty–one per cent showed no return to work; about one third of these settled. Among the settled cases, a telephone survey showed that 88% of these workers eventually returned to work. Forty–eight per cent held a job with their pre–injury employer at some point after rehabilitation.
- the success rate was not transient, as a similar percentage of workers were employed a year and a half after their rehabilitation.

OHIO

Ohio has the same hierarchy of vocational objectives as current at the Ontario Board. After an initial interview with the worker, vocational evaluations are done and appropriate services, as identified by the caseworker, are presented to the injured worker for approval. Upon completion of the rehabilitation plan and a return to employment, the file is closed and the worker's adjustment to work is monitored for 30 days to assure a successful transition back into the workforce.

The Work Hardening Program

The Work Hardening Program is designed to build a worker's stamina through a progressive reconditioning program in an environment which simulates job tasks. A return to work goal must be clearly identified for this service to be implemented.

The Gradual Return to Work Program

The Gradual Return to Work Program negotiates with the employer a gradual return to work for a worker whose injury and physical deconditioning prevent a full–time return to employment.

The On The Job Training Program

The On The Job Training Program develops a contract between the Ohio Bureau and the employer who agrees to hire, retain, and train injured workers for specific jobs. Reimbursement is provided to the employer to offset the loss of employee productivity while the worker is being trained.

The Employer Incentive Program

The Employer Incentive Program provides an incentive payment contract for employers who hire injured workers who have a significant decrease in productivity due to their injury. A payment is negotiated between the rehabilitation counsellor and the employer for a period in which the worker can gradually increase his/her tolerances to meet the physical demands of the job.

The Job Search Program

The Job Search Program is offered to injured workers who cannot return to their original employer and have the transferable skills and physical capacity to return to the labour force.

Mobility Grants

Mobility grants are offered when an injured workers can be placed in a job in a different Ohio city. Reasonable moving expenses can be paid after assurances from the prospective employer that the injured worker will be permanently employed.

Vocational Training

Vocational training can be offered to injured workers after evaluations verify that they cannot return to the labour market with their existing skills/experience. Training is limited to two years.

Living Maintenance

This maintenance is payment to an injured worker in lieu of workers' compensation payments while s/he is actively involved in an approved rehabilitation program.

TEXAS

The Texas statute provides for the referral of claimants to the Vocational Rehabilitation Division of the Board. The Texas Rehabilitation Commission (TRC) and private firms provide services. The main goal of both kinds of providers is to return the worker to gainful employment. To achieve this, education and training, combined with counselling is provided.

In 1988, the TRC sponsored a pilot program in San Antonio intended to bring about a greater return to work rate. The program intervenes early; staff accompany the worker to his/her physician and act as a liaison for the employer, employee, and physician, learning the worker's physical limitations, and instructing employers on how to arrange a job environment for the worker that will reduce the risk of future injury.

STUDIES ON VOCATIONAL REHABILITATION IN STATE WORKERS' COMPENSATION

John Gardner, an economist with the Workers' Compensation Research Institute in Cambridge, Massachusetts, has extensively researched factors that affect vocational rehabilitation outcomes and the types of vocational rehabilitation programs which are successful.

One study found the following factors to be strongly related to vocational rehabilitation outcomes:

1) The willingness and ability of the pre–injury employer to rehire an injured worker. In this situation, the worker was more likely to complete the vocational rehabilitation program, return to work, and earn close to the pre–injury wage. There was also a greater likelihood that there were lower program costs.

2) The specific type of vocational rehabilitation program followed. Workers in placement and job modification programs had higher rates of program completion and return to work with lower cost programs than those in schooling or training programs.

3) The level of monthly indemnity payments. Workers receiving higher monthly indemnity payments were found to be less likely to complete programs or return to work and had higher program costs. (Rehabilitation Counseling Bulletin/March 1991/Vol.34 No. 3, page 204)

In 1985, Gardner compiled a guide to the results of studies done on vocational rehabilitation in workers' compensation in the United States. (*Vocational Rehabilitation in*

Workers' Compensation – Issues and Evidence, Workers' Compensation Research Institute, 1985) The results of some of the more interesting studies regarding successful rehabilitation are set out below.

A California study written in 1982 and based on 1979–1980 data studied the success of various types of vocational rehabilitation programs as measured by the frequency of return to work:

- modified work (84.6%)
- on the job training and schooling (72.2%)
- direct placement (71.1%)
- on the job training (71.1%)
- formal schooling (52.1%)

A 1981 study (McMahon and Bartley) described alternative work patterns such as flex–time, job–sharing and permanent part–time work as particularly appropriate for persons with disabilities, and recommended consideration of these work patterns as an approach to vocational rehabilitation. The study also suggested that on the job training and on the job training with schooling are rehabilitation strategies which have produced middle–range success.

A 1979 study (Diamond and Petkas) analyzed the differences between private and public vocational rehabilitation processes. While private firms emphasize short–term vocational evaluations, and identify transferable skills in an attempt to effect rapid job placement, public agencies are more focused on maximizing the client's long–term potential.

Chapter 2

Public and Private Sector Vocational Rehabilitation Programs

A literature review has identified a number of interesting vocational rehabilitation programs in the public and private sector in Canada and the United States, beyond the workers' compensation context. The programs that are reported are only a sample of service delivery initiatives.

EMPLOYMENT AND IMMIGRATION CANADA (EIC)

Under the Unemployment Insurance Program, the Employment and Immigration Canada (EIC) sponsors the following re–employment training programs and services:

- job posting bulletin boards at EIC centres
- a job registration system
- a brochure entitled *How to find a job in today's market* which provides tips on how to find a job
- a counselling service which provides tips on how to find jobs and information on training programs, and
- six training programs under the general heading of Canadian Jobs Strategy. (This strategy is detailed in the vocational rehabilitation program review distributed for consultation)

CANADA PENSION PLAN (CCP) – THE VOCATIONAL ABILITY QUOTIENT

There has been a strong interest in the vocational rehabilitation literature in developing a system capable of identifying disability benefit recipients who are candidates for returning to competitive employment. It is believed that an interactive system capable of utilizing available demographic, vocational, and medical variables would hold the most promise for accurately selecting the best candidates for vocational rehabilitation intervention.

The Vocational Ability Quotient (VAQ) utilizes a number of variables including education, sex, aptitudes, functional abilities, interests, temperaments, number of years of disability, and the client's provincial labour market situation. The variables are used to understand the jobs that an individual is now capable of undertaking compared to the pre–disability situation.

The VAQ process is as follows:

- the client's pre–disability vocational profile is determined based on history
- relevant medical and other referral information is reviewed
- adjustments are made to the vocational profile to reflect these limitations, and
- the pre–disability profile and post–disability profile is compared using a computerized client–job matching system

The same computer system is used to provide an estimate of the number of males and/or females employed in those occupations by province or for the whole of Canada.

The worker's "score" is achieved by factoring the number of years a worker has been unemployed with the client's occupational options and labour market access.

Upon completion of the above analyses, a VAQ can be established. A high score indicates that a person would be a good vocational rehabilitation candidate, and a low score indicates the opposite.

The VAQ rating system has been applied to over 35,000 CPP disability benefit claimants in order to identify those individuals with the best vocational rehabilitation potential. Early review indicates that this is a valid rating system that will maximize the chances of the greatest number of individuals returning to work. Individuals with the least change between their pre and post–disability labour market access, and who have been disabled for a shorter period of time (resulting in a higher VAQ), appear to be better vocational rehabilitation candidates than those with greater changes in their labour market access and/or those who have been disabled for a longer period of time.

In the CPP context, the VAQ proved to be a very time–efficient process in analyzing a large volume of clients, and appears to have promise in assisting in the allocation of resources to those individuals who require such services.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation Services (VRS) assists persons who have physical, mental, emotional or learning disabilities to become employable. VRS programs include the following:

- assessment and counselling which help identify vocational goals personally suited to the individual, with counselling and support available throughout the rehabilitation process
- training which helps to develop new vocational skills through programs in business, trade schools, training centres and other educational institutions
- support services – certain goods and services may be provided to help the individual achieve his/her vocational goal, (i.e. child care, transportation, assistive devices, and prescribed medications)
- living expenses – depending on the individual's financial situation, s/he may be eligible for an allowance to cover living expenses while in training
- job placement which assists in the development of an effective job search strategy; tools and equipment may be available, and special programs are available to assist employers to hire persons with disabilities (i.e. paying up to 50% of employee wages)

In terms of its strategy to attract employer interest, VRS offers employers the following:

- pre–screened job applicants
- reliable information about an applicant's employment potential

- no cost trial work periods
- assistance in evaluating and training applicants
- financial assistance for special equipment or necessary devices
- follow up support services to both employer and applicant, and
- incentives for training on the job programs – VRS will reimburse up to 50% of wages back to the employer. The employer will train the applicant to perform the skills necessary for the particular job. The employer evaluates and provides feedback on job performance. The length of the program varies according to job complexity, the applicant's ability to learn the new skill and any related training already completed.

CUDDY FOODS – EMPLOYEE HEALTH AND SAFETY PROGRAM

Cuddy Food Products in Ontario has developed a program which involves the participation of workplace safety and training personnel, health care professionals, worksite designers, ergonomists and engineers, and union representatives.

The key to the program is early intervention which encourages workers to identify and report injuries and potential hazards as soon as possible.

Injured workers are brought back onto the line, either in a gradual return to work situation or in an alternative position. A team work approach reduces the chances of repetitive strain injuries by permitting the worker to move around the plant and perform an array of tasks that utilize different muscle groups.

A company ergonomist addresses the needs of injured workers and assesses potential work station changes which could prevent injuries from occurring.

DISABILITY PREVENTION/MANAGEMENT APPROACH

A unified approach to the prevention and management of disability has become more common in the private sector in the United States. Vocational rehabilitation is one vital component in a comprehensive process that seeks first to prevent disabilities, and then to manage them effectively when they do occur.

Transitional Work Program – Herman Miller Company

The Herman Miller Company in the United States has developed a Transitional Work Program as part of its overall approach. The worker is kept close to the work environment and active in the workplace. When the worker's condition is sufficiently stable to endure some work activity, lighter tasks or modified work schedules, within the work environment of the company, are given. If the employee cannot eventually return to the former job, the company finds a new position for the worker that is within medical restrictions and without any salary reduction. Job training assistance is provided when necessary.

Wellness and Rehabilitation Program – Adolph Coors Company

The Adolph Coors Company has a Wellness and Rehabilitation Program. The vocational rehabilitation counselling component of the program focuses on the retention of work identity and maintenance of employment. The process utilizes medical and vocational evaluation, vocational counselling and guidance, development of vocational options, and follow–up. The first part of the process involves task analysis and job accommodation. A rehabilitation plan is formulated for each individual. Formal training programs are utilized for training in marketable skill areas. Private companies are sometimes used for the outplacement of individuals who cannot return to the company. Referrals are made to other programs within the overall Wellness program.

There is a "light duty coordinator" who monitors the status of individuals absent from work and encourages their return into light duty work. The coordinator has identified all light duty work that is meaningful and available in the company and utilizes these placements in order to maintain work behaviour and identification. When permanent restrictions are identified, the coordinator refers these individuals to vocational rehabilitation.

The American Federation of Labour – Congress of Industrial Organizations (AFL–CIO)

In 1986, the job and placement development arm of the AFL–CIO (The Human Resources Development Institute) involved a number of unions in a three–year national demonstration program to develop a model disability management program for use by union administered funds. The four phase process designed for 250 workers was the following:

- intake interview – information is collected and problems identified. Appropriate interventions are initiated. Referrals are made to outside agencies or rehabilitation vendors.
- tracking phase – case manager contacts physician and establishes return to work dates. Rehabilitation interventions are continued.

- closing the case – case manager negotiates job accommodation. Worker returns to work or to job reassignment.
- follow–up – case manager determines success three months after the case is closed.

Social Security Administration – Maryland

The Social Security Administration in Maryland participated in a demonstration project in 1987. The goal of the project was to demonstrate the effectiveness of early intervention in resolving work performance problems created by physical impairments. The model included five steps:

- identify employees whose less than successful work performance may in some part be attributed to an impairment
- analyze the employees' jobs to determine the functional demands
- evaluate the employees' impairments
- relate the effects of the impairment(s) to the work being performed
- recommend to management specific actions that would enable the employees to perform satisfactorily.

The Institute for Rehabilitation and Disability Management

The Institute for Rehabilitation and Disability Management did a study of corporate programs. Companies that became study sites included American Airlines, Weyerhauser, Federal Express, Southland Corporation Chrysler Corporation, Bank of America, AT&T, and Proctor and Gamble. The study found the following corporate trends in disability management:

- return to work is becoming a goal for all disabled workers, regardless of how they become disabled
- time periods are being used as guidelines to ensure that employees get back to work in a timely manner
- most companies committed to reintegration are interested in improving their disability data collection and analysis
- interest in private rehabilitation providers is increasing
- physician education is becoming more common
- commitment to early intervention is firm
- involvement of employees' families, in encouraging return to work is increasing.

Chapter 3

International Models: A sample

In the international arena, vocational rehabilitation is typically one component of a comprehensive social security system involving all levels of government. For the most part, how individuals become disabled is irrelevant – they are eligible for services (including vocational rehabilitation services) simply by virtue of the existence of a disability. The reintegration of persons with disabilities into the community is a commitment of many of these jurisdictions; therefore, a review of their programs is especially informative. The programs that are reported are only a sample of programs in the international arena.

AUSTRALIA – FEDERAL

COMCARE, the Commission for the Safety, Rehabilitation and Compensation of Commonwealth Employees, is the workers' compensation insurer for the Australian Federal Government. Rehabilitation is provided through 246 customer agencies. Claims management and rehabilitation are fully integrated.

The vocational rehabilitation component of the system is founded on the principles of early intervention, management at the workplace and integration with the compensation system. Through legislation, responsibility for rehabilitation is placed on the employer; the employer must develop a rehabilitation program after an injured worker has been absent from work for 28 days. This is deemed reasonable because the employer has the best knowledge of the worker, their job history and skills, as well as the most detailed knowledge of the workplace and the type of work that will be available when retraining and re–employment are necessary.

Case managers liaise with the worker, doctors, workplace supervisors, fellow workers, and unions to achieve the best possible outcome. The case management plan is essentially a return to work program developed following a rehabilitation assessment. It sets out a goal and then defines the actions necessary to achieve that goal.

COMCARE also approves and monitors rehabilitation service providers who are contracted on a twelve–monthly basis to deliver the whole or a part of a case management plan. The service providers work along the agreed case management plan lines, developing specific goals within the overall plan, confirming time frames and estimated cost structure, reporting on procedures and complying with appropriate review mechanisms.

Since the introduction of the COMCARE mandatory rehabilitation program on December 1, 1988, there has been a significant decline in the duration of compensation claims lodged and a very low rate of new, long–term cases. Rehabilitation case plans generated significant cost savings in the first year of implementation.

Commonwealth Rehabilitation Service

The federal government is involved in the provision of rehabilitation services to people with disabilities through the operation of the Commonwealth Rehabilitation Service (CRS). Any working age disabled person who could derive substantial benefit from rehabilitation is eligible for the free services of the CRS.

Work Therapy

The CRS has recently completed renegotiation of a special arrangement for clients with the Australian Council of Trade Unions (ACTU). The arrangement is for the continuation of a "Work Therapy" scheme, a program to provide on the job training and experience for CRS vocational clients. (The

arrangement has been in effect since 1958). The scheme involves an agreement between the disabled person, an employer, the CRS, and the appropriate trade union. The trade union must approve a placement, and before a worker is placed, a formal training agreement must be signed.

This program is a valuable tool in the process; it allows work potential to be observed and assessed by CRS multi–disciplinary casework teams and individual casework staff. It is especially valuable for the small percentage of seriously disabled individuals who generally participate in this program in helping them make the transition from the sheltered environment of the rehabilitation program to open, competitive employment.

AUSTRALIA – PROVINCIAL

The passage of the Victorian Accident Compensation Act in 1985 formed part of a legislative reform package known as WORKCARE. The Victorian Accident Rehabilitation Council (VARC) was established under this Act to oversee the delivery of rehabilitation services in Victoria.

The guiding principle of this system is close cooperation among injured workers, their families, trade union representatives, former or prospective employers and rehabilitation counsellors to solve work injury problems. The program includes not only treatment goals and objectives, but also work placement targets and options.

The government is concerned that workers are able to receive advice and counselling if any problems arise during the rehabilitation process. A Trade Union Rehabilitation Advisory Committee hears grievances arising from the rehabilitation process and counsels workers who have rejected rehabilitation.

The job placement process is coordinated and implemented by rehabilitation counsellors skilled in vocational assessment and work placement, working jointly with unions and employers.

VARC assists in locating and securing suitable employment. To facilitate a return to work, VARC has the authority to recommend that financial assistance be made available to employers.

In this model, there was concern that the availability of lump sum payments may provide a disincentive to return to work. The WORKCARE benefit package seeks to eliminate potential disincentives and to provide a package which encourages the use of rehabilitation. A lump sum redemption is available only in a small number of specified cases of permanent incapacity.

Between September 1985 and June 30, 1988, more than 234,000 WorkCare claims were made with 35,000 injured workers receiving rehabilitation services.

Beginning in 1988, VARC initiated a publications program to provide reports of original research undertaken and detailed analysis of data collected from the WorkCare rehabilitation system. This research and data serves the purpose of allowing administrators to "finetune" the program by identifying and resolving problems surrounding the process.

A study was done in 1989 to evaluate the quality of return to work and the stability of employment following rehabilitation. The study found that:

- 87% of injured workers returned to work with the same employer (33% to the same job, 38% to an alternative job or reduced hours, and 16% to a new job).
- workers who returned to work within two months or less were significantly more likely to return to the same employer. Workers returning after an absence of eight months or more were more likely to return to work with a new employer.
- successful full–time return to work was more likely to occur within the first two months after injury. An early return to work was likely to result in the least reduction in hours worked.
- occupational change on return to work was rare. A change to part–time or casual work on return to work was the most common change in work status.
- income losses were small and most likely to occur among males and highly paid workers. Workers who reported an income loss were significantly more likely to suffer ongoing physical problems as a result of their injury.
- one–third of the sample had changed jobs since returning to work, usually in order to obtain better pay and/or longer hours of work.
- re–injury rates were low (13%) but 85% of the sample reported ongoing problems from the original injury. Individuals kept working despite these problems.

In 1990, a study was done to develop a model to determine the probability of return to work for various groups of injured workers, and to determine the cost/benefit ratios for those groups of injured workers. Some of the policy implications which emerged out of this study include:

- rehabilitation is a useful strategy for most groups of injured workers, giving a positive return on the investment
- injury type alone was not a predictor of return to work outcomes
- different groups of injured workers were associated with different benefit/cost ratios. The Council plans to investigate ways in which results for these clients could be substantially improved, for example through the provision of specific vocational services, and encouraging the adoption of innovative re–employment and return to work practices.

In 1989, a client profile study was completed. It found that rehabilitation clients are most likely to:

- be male, aged between 30 to 39
- work in the manufacturing industry
- be employed as labourers or process workers
- have a sprain or strain of the back
- enter rehabilitation between 13 and 26 weeks post injury, and
- complete their rehabilitation program within six months.

In 1990, a study was done to determine the return to work outcomes for rehabilitation clients. The study found that rehabilitation clients with the highest probability of returning to work were more likely to:

- be male, aged under 40
- be employed in the business/finance, and public administration
- work in clerical/sales and emergency/armed services occupations
- suffer a fracture or dislocation, and
- enter rehabilitation within 12 weeks of injury.

In 1990, a study was published on the issue of employment status following rehabilitation. Between July 1987 and September 1989, 20,777 clients completed rehabilitation and 10,309(49.6%) did not return to work, while 10,468(50.4%) did return to work. Of those that returned to work, 31.8% returned to work with the same employer and performed the same job, 26.7% returned to the same employer and performed modified duties and 16.2% returned to the same employer and performed new duties. The clients who returned to work with the same employer account for more than 70% of clients who returned to work upon completion of rehabilitation. Clients who do not return to work are most likely to:

- be female
- be between 30 and 55
- suffer a back injury
- have a partial temporary incapacity status, and
- be employed in the education or health sector.

Rehabilitation Employment Program

In 1991, a review of the Rehabilitation Employment Program (REP) was done. This program offers assistance to eligible employers who employ an injured worker for a period of four to six months. There is a maximum $4,000 grant to employers for the actual wage costs of employing injured workers who are receiving full WorkCare benefits and are unable to return to their previous occupations. Where the REP was completed, 91% of employers and 93% of rehabilitation providers felt the REP was effective. Where the REP was discontinued, 37% of employers and 38% of rehabilitation providers still believed the REP to be effective in returning clients to work. A significant percentage (88%) of employers said they would use the program again, and that they would recommend the program to other employers. In 80% of the cases, ongoing employment was offered on completion of the REP. The employer survey found that 91% of workers with ongoing employment were still at work three months after program completion. Rehabilitation providers were asked to recommend program changes: 88% recommended that the amount of the grant be increased, and 75% supported greater marketing of the program.

BELGIUM

All vocational rehabilitation in Belgium is coordinated by the National Fund for the Social Resettlement of the Disabled, a group with broad representation from various groups. Workers must apply for vocational rehabilitation services.

While sheltered workshops are prevalent, the country is currently experimenting with three large scale programs.

The Special Apprenticeship Contract Program

The Special Apprenticeship Contract Program involves long–term training within a firm. In 1987, this program had a 47.4% success rate, meaning that 47.4% of the workers registered in the program found employment at the end of the apprenticeship.

The Limited Duration Wage Subsidy Program

The Limited Duration Wage Subsidy Program subsidizes 50% of wages and all social charges for the first three months, 33% of wages for the second three months, and 25% of wages for the last six months. This is available to workers not working for six months or more who require some job site adaptation.

The Commensurate Wage Subsidy Program

The Commensurate Wage Subsidy Program gives employers a subsidy fixed according to minimum wage and the disabled worker's productivity as related to the production of non–disabled workers.

Other vocational training programs have been smaller in scale and less successful in terms of competitive placements. These include assimilation into various occupations, ordinary apprenticeships, training at the labour ministry center, and training at the vocation center sponsored by the National Fund.

FRANCE

The Technical Commission for the Guidance and Vocational Rehabilitation of Handicapped Workers (COTOREP) assesses the degree of disability and directs persons to one or another path of vocational rehabilitation and employment. The Commission is made up of politicians, government personnel, medical and vocational rehabilitation consultants, employers and union representatives.

A multi–disciplinary team assigned to each case determines whether the worker is handicapped and whether the handicap is light, moderate, or severe.

Vocational alternatives include:

- placement in the open labour market
- assignment to a vocational training center for training or retraining
- assignment to a short–term training program with a firm
- work in a protected labour market.

Pre–orientation Centres

Where the vocational rehabilitation team can make no definitive judgement about the proper vocational rehabilitation path, workers are sent to Pre–orientation Centres for an average of 8 to 10 weeks and placed into work situations characteristic of various sets of occupations. They are informed of advantages and disadvantages connected with occupations, provided with a plan for pursuing work in a selected occupation and given instruction in job search techniques. A detailed report is sent to the COTOREP where a final decision is made about the appropriate course of vocational rehabilitation action.

The Centre for Help Through Work

The Centre for Help Through Work is a protected work environment that aids workers with less than one–third normal capacity who require medical, psychological or educational support.

General Employment Agency

The General Employment Agency is charged with managing public facilities for the vocational training of adults.

The Nation–wide Adult Training Agency (AFPE)

The Nation–wide Adult Training Agency (AFPE) runs all vocational training facilities. A representative serves on the COTOREP. Unfortunately, there are too few openings for training, and the facilities rarely serve the special needs of disabled persons.

The National Employment Service

The National Employment Service registers and seeks to place unemployed workers throughout the country. It follows up on COTOREP decisions and promotes the hiring of disabled workers.

EPSR

An organization separate from the COTOREP is the EPSR. This organization helps workers overcome personal or social difficulties, provides information to workers, does follow–ups to verify rehabilitation progress, does searches for job openings, recruits workers, and helps firms adapt. A team of four people work on each case. It was envisioned at the outset that at least one of these organizations would be established in each of the 95 departments into which France is divided. However, only 73 have been initiated across the country, 23 of these being privately run. Therefore, only 50 of 95 French departments have an EPSR.

GIRPEH

GIRPEH are regional groups composed of employers, workers and vocational experts. These organizations are also separate from the COTOREP. These groups attempt to elicit interest on the part of private firms to employ disabled workers for economic reasons. They help firms search for suitable jobs in a firm, provide in–plant training courses for supervisors and co–workers (to reduce the tendency to terminate), help workers with job search techniques, meet regularly with plant physicians and personnel representatives, and promote interaction between private firms and the protected sector.

According to Jack Chernick, a scholar who studies various aspects of the French economy, the reality of the vocational rehabilitation process in France falls short of the promise because of unfavourable economic conditions and anomalies in the structures responsible for the system. In 1986, 16,000 workers were guided towards training while almost 40,000 were thought ready to enter or return to the regular work sector.

GERMANY

In Germany, workers are protected by one of the most comprehensive national social security systems in the world. Under the *Severely Disabled Act of 1974,* all disabled persons have a legal claim for comprehensive medical and vocational assistance. The Social Code Book provides that disabled people have a "social right" to integration or reintegration assistance. Vocational rehabilitation services are provided by all levels of government and are coordinated by a federal umbrella organization.

Rehabilitation before pension forms the guiding principle of Germany's approach to the reintegration of disabled people into all aspects of community life. The system provides a structure and a framework which recognizes the universality of disabilities and offers a circumscribed set of support mechanisms at a time when they are most needed.

At the time of application for medical rehabilitation, the worker may also apply for vocational rehabilitation services. Rehabilitation service is provided through a number of bodies whose mandate is to offer some or all of the following rehabilitation services: medical, social, educational and vocational. As well, there are various pieces of legislation which set out rights and responsibilities in this area.

Disabled persons with less than 15 years of work experience and five years of disability pension coverage are referred to the Federal Institute Of Employment (FIE) for medical and vocational rehabilitation. Disabled persons having more than fifteen years of work experience are referred to the Pension Insurance Agency. The FIE Board makes the decision to commence medical or vocational rehabilitation and/or to grant a disability pension.

National and state welfare agencies also provide vocational rehabilitation services, as do municipalities, which deliver every aspect of rehabilitation for clients who do not qualify under the others.

Vocational rehabilitation services include vocational assessments and work evaluations, retraining and education, job placement and support services. After retraining, the social insurance system offers many programs to reintegrate the worker into the labour force including: employer wage subsidies, funds for job and workplace accommodation, transportation subsidies, technical aids, transitional allowances, and assistive devices.

Federal Rehabilitation Council

Activities of rehabilitation are coordinated through the Federal Rehabilitation Council, an organization comprised of several layers of government, employer associations and trade unions. The Council provides advice on rehabilitation matters, develops guidelines about the eligibility process for rehabilitation, provides consultants, and performs an advocacy function by informing the general public of the problems of disabled people. The Council has seen the integration and education of doctors as an important objective. It has issued a comprehensive set of guidelines to be followed by all pension, sickness, insurance and treating physicians during the rehabilitation process.

Vocational Retraining Centres

Occupational training can take place in special Vocational Retraining Centres, distinguished by an emphasis on the use of specialized assessment and vocational training. Six week assessments involve testing skills and residual functioning capacities. Extensive use is made of labour market research to identify jobs that will be available when the worker completes training. A multi–disciplinary team compares the person's residual functioning capacity with the requirements of a suitable profession or classification, and factors in the worker's age and the current condition of the labour market. Retraining programs are from six months to two years. Vocational Retraining Centres are designed to accommodate specific categories of disabilities; there are 21 spread throughout Germany varying in size, focus and educational curriculum.

One return to work innovation is an extensive two year retraining program to provide younger disabled workers with vocations in emerging industries. Such retraining occurs at the special vocational retraining centres outlined above.

Step–Wise

The "Step–Wise" reintegration initiative is a transitional, graduated return to work program aimed at assisting a worker to return to work with the original employer, and to gradually achieve maximum work capacity. A written contract between the employer and the worker set out the beginning and end of the contract, the timing of different steps, the salary, reasons for termination, and waiver of the previous employment contract. Studies have shown that this initiative accelerates the vocational reintegration process after a serious illness or accident. A client survey indicated that 94% had reduced anxiety about an inability to perform or loss of their job because of their participation in the program. Studies have also shown this initiative to result in a reduced number of applications for disability pensions.

HOLLAND

Joint Medical Service

In Holland, disability assessment and rehabilitation activities are performed by teams at the regional offices of the Joint Medical Service. The process involves several steps:

1) After an average of six months unemployment, the disabled worker is referred to the Joint Medical Service.
2) The worker undergoes an assessment of the residual functional capacity. The physician records the restrictions on a form.

3) The labour expert and the labour–expert analyst match the claimant's data with information concerning the demands of jobs in the Labour Structures Documentation; this is essentially an assessment of suitable functions.

4) An assessment of the degree of disability is done by making a comparison between the residual earning capacity and the former wage.

5) An investigation of replacement possibilities with the current employer is undertaken. The labour expert investigates the possibilities of reinstating the worker in the former job, perhaps by adapting the working conditions.

6) A reinstatement plan is offered to the employer and the employee. The process stops here if the worker can be placed back with the employer.

7) The worker is entered into the computerized database of job seekers and vacancies. The labour expert matches the job seeker and the vacancy, gaining insight into the claimant's position in the labour market. The worker is matched to jobs according to functional capacities and job requirements rated on a common 38 point scale. A minimum of five jobs must be identified and the median wage for these suitable jobs is calculated and compared to the worker's former wage.

8) Other steps are taken if there are no available jobs which the claimant can perform. The Joint Medical Service has instruments for creating job opportunities.

9) The Joint Medical Service has instruments to facilitate the realization of labour contracts for disabled people.

The Joint Medical Service dealt with 96,500 rehabilitations in 1987. Of these workers, 39% were employed, and 61% were unemployed. Labour experts conducted rehabilitation activities for 60,000 persons. The results were as follows:

- 14,000 reinstatements
- 8,000 appointments to a new position
- 4,000 resumptions of work as self–employed persons
- 1,600 placements in sheltered workshops.

ISRAEL

The Rehabilitation Department of the National Insurance Institute is responsible for the rehabilitation of various groups of handicapped people. The vocational rehabilitation process is structured in a case management format. The traditional process includes the finding, assessment, processing and implementation of occupational rehabilitation programs, and assistance and follow–up of the patient in the workplace. The

Rehabilitation Department has been moving towards treatment that encourages greater independence and responsibility on the part of the clients in decision–making made at crucial stages in the vocational rehabilitation process.

Additional programs have been developed to supplement traditional programs and to aid individuals who find it difficult to reintegrate into the workplace.

Orientation Workshops

Orientation Workshops provide information about the Department and about the rehabilitation process to involve the individual, and demonstrate that the responsibility for choosing suitable rehabilitation methods rests with him/her, and to clarify expectations and attitudes regarding the process.

Group Work on Coming to Terms With the Disability

"Group Work on Coming to Terms With the Disability" is another program. Both group meetings and individual consultations help the disabled person see him/herself as capable, responsible, able to take initiative, and develop a rehabilitation process for him/herself.

Self–Help Groups

Self–Help Groups are another supplementary program. Rehabilitation staff act as counsellors in the first few meetings to aid the group in defining its aims. Counsellors eventually cease to actively moderate the group but continue to follow up as consultants. The groups confirm their existing needs, define their roles, activities, norms, and procedures, and engage in group activities to try to achieve their goals.

Job Hunting Workshops

Job Hunting Workshops are adapted to the conditions prevalent in Israel, and include services such as: developing communications and interview skills, developing the ability to find information from various sources about the job market, job counselling, and promoting the maximum client participation throughout the job hunting process. The clubs are succeeding in achieving a higher rate of job placements, although statistics are not available.

The addition of these specialized programs increased the working percentage of disabled workers from 38% to 44% (years not available).

SWEDEN

The present trend in Sweden is towards developing strategies for screening cases where early and coordinated intervention can lead to reductions in lost days from work.

Between 1985–1987, one of the local branches of the Social Insurance Administration undertook an extensive experiment in cooperation with the Trelleborg Corporation. A social insurance investigator was assigned on a half–time basis to the corporation. The investigator worked with assistants as well as with the existing medical team at the company.

Vocational rehabilitation intervention was made within 15 to 30 days of disability. The first step was for the investigator to meet with the worker to discuss possible problems in returning to the job. If this discussion revealed a problem, the case was discussed in a larger group consisting of the employer, union representative, worker and investigator. If the decision was made that the worker couldn't return to the pre–accident job, a training program was developed. If the program was twice unsuccessful in returning the worker to employment, the worker was sent to a training shop set up to deal with difficult cases. Social insurance investigators, physiotherapists and doctors were in contact with trainees throughout the training period.

Swedish authorities found that this vocational rehabilitation approach led to a 20–25% reduction in days of absence from work, general improvements in the work environment, and financial savings for employers. For cases that had progressed for over a year, the percentage of workers returning to work remained about the same during the years of the experiment as they had in a comparison year. However, a larger percentage returned to full–time rather than part–time work during the experimental period. For cases with a duration of 181 to 365 days, 70% returned to work during the experimental period, compared with 50% in the reference year.

Swedish authorities are still studying the results of similar initiatives and have yet to permanently adopt the above model.

ANALYSIS OF THE VOCATIONAL REHABILITATION FOLLOW-UP TELEPHONE SURVEY

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I. INTRODUCTION

This paper presents a tabular and econometric analysis of the Vocational Rehabilitation Strategy (VRS) follow-up telephone survey conducted during late November and early December of this year. The survey is part of an evaluation of the WCB's Vocational Rehabilitation Strategy. The overall evaluation plan was presented to Management Committee August 8, and the activities outlined in that plan are now incorporated as a component of the broader Vocational Rehabilitation program review. In addition to enabling the WCB to determine if its VRS activities are impacting on stated program goals as expected, the follow-up survey, reported on here also addressed the issue of stakeholder satisfaction with VRS provisions and their outcomes.

Subject to the provisions of the Workers' Compensation Act, a key aspect of the mission statement of the WCB is to mitigate as far as possible the effects of workplace injuries and diseases in terms of their financial, physical and vocational impacts on injured workers and on the worker's time away from productive work.

The overall objective of the WCB's VRS is to lessen the impact of work-related injury and disease by helping the injured worker re-establish, as much as possible, an earnings profile for his or her working life comparable to what it would have been but for the injury. This objective is expected to be achieved by means of early intervention; a partnership between the injured worker, employer, treating physician and the WCB in establishing clear return to work objectives; and goal oriented vocational rehabilitation plans with a structured and integrated approach to rehabilitation. It was anticipated that these programme activities should lessen the economic and social impact of the injury/illness by:

- restoring the injured worker's pre-accident earnings profile
- returning the worker to employment earlier
- increasing the proportion of injured workers who return to employment, within a hierarchy of employment objectives as noted below:
  - pre-injury job
  - comparable work with accident employer
  - comparable work with another employer
  - alternative work with accident employer
  - alternative work with another employer
- Increasing the likelihood that the worker would remain employed.

Comparable work refers to a job which is similar in terms of duties and earnings to the pre-accident job. Alternative work refers to a job which is substantially different in terms of either duties or earnings to the pre-accident job.

II. METHODOLOGY AND DATA SOURCES

The survey instrument was developed by Board staff. Pre-testing and full implementation of the survey was carried out on a contract basis by an outside firm. The questionnaire focused on wages, jobs held since VR closure, opinions and expectations regarding VR services. In order to accommodate those respondents who were unable to carry out the survey in English, versions of the questionnaire were available in six other languages (French, Italian, Chinese, Portuguese, Spanish and Greek). The results were then returned to Board staff for analysis. On average the questionnaire took about 22 minutes to complete.

The population for follow-up consisted of about 2,000 cases, approximately 400 pre-Bill 162 cases and 1600 post-Bill 162 cases, who were identified through the Board's vocational rehabilitation database. The pre-Bill 162 cases had accident dates between January 1, 1986 and June 30, 1989. Vocational rehabilitation for this group was opened between July 1, 1989 and December 31, 1989 and was closed in the last quarter of 1990. This group was selected as representative of pre strategy VR cases whose VR activity and closure was not so long ago as to introduce significant recall bias in the reporting of events.

Random sampling methods were utilized to select workers for the telephone survey. The post-Bill 162 cases had accident dates on or after January 2, 1990 and were closed for vocational rehabilitation in October, November or December of 1990. This group represented cases handled during the transitional period when post-Bill 162 policies were still being developed and implemented. This group was selected from the first stream of cases to be subject to the VR strategy and where a significant period of time (approximately 1 year) had elapsed since closure.

Survey data on 170 pre-Bill 162 cases and 510 post-Bill 162 cases was merged with WCB program data such as part of body injured, nature of injury, firm number, rate number and firm size (personyears) to obtain additional information useful to the analysis, especially analysis of issues pertaining to reinstatement provisions.

III. TABULAR ANALYSIS - SUMMARY OF FINDINGS

A brief summary of major findings based on tabular analysis is provided in the following sections. Appendix A presents the detailed data upon which the analysis is based.

1.0 Profile of Survey Respondents

The two groups of injured workers surveyed, pre-Bill 162 and post-Bill 162, are fairly similar in terms of gender, union membership, having dependents and their marital status at the time of their accident. However, a larger proportion of pre-Bill 162 cases did usually work some overtime than post-Bill 162 cases, 69 percent compared to 61 percent.

A relatively larger share of post-Bill 162 cases (22 percent) had completed some community college education or higher than the pre-Bill 162 sample (12 percent). About one-fifth of the cases stated that they, in addition to formal education, served in an apprenticeship program before their accident or illness.

About 24 percent of the injured workers in the pre-Bill 162 sample were thirty years of age or younger compared to 19 percent of the injured workers in the post-Bill 162 sample. The average age was 39.3 years and 41.1 years respectively.

At the time of their accident, 92.4 percent of the respondents were employed with Schedule 1 firms, overall about 9 percent of survey participants were employed by the construction industry. Almost 12 percent of pre-Bill 162 respondents were employed in this sector compared to about 8 percent of post-Bill 162 cases.

The total survey sample is split equaly between head office and regional offices. One-quarter of the sample comes from the two Hamilton regional offices. Central Ontario East accounts for the largest proportion of head office cases (18.1 percent). Overall the survey sample is fairly representative of the target population based on geographical location.

2.0 VR Contact and Services

Approximately 82 percent of pre-Bill 162 cases recalled being contacted by vocational rehabilitation staff compared to approximately 59 percent of post-Bill 162 cases.

In terms of VR services received, the three most frequently mentioned by pre-Bill 162 cases were:

- received telephone call from VR staff (60.4 percent)
- tested to determine what jobs are best for me (52.5 percent)
- meetings to teach me how to look for work (38.9 percent)

The three services most often received by post-Bill 162 cases were as follows:

- received telephone call from VR staff (64.6 percent)
- VR caseworker arranged meetings with employers (26.4 percent)
- tested to determine what jobs are best for me (21.1 percent)

Overall the majority of injured workers felt that the services provided were appropriate for them (55.0 percent). A relatively large percentage of post-Bill 162 cases (61.9 percent) held this view compared to pre-Bill 162 cases (40.3 percent).

In about 30 percent of the cases a plan, which identified the VR services to be received, was developed with the involvement of the injured worker.

Roughtly 20 percent of the respondents receiving VR services said that they had a great deal of understanding of what the Board's VR services were attempting to achieve. Overall, only 27 percent felt that they had very little understanding, 34 percent of pre-Bill 162 cases and 24 percent of post-Bill 162 cases.

When queried about what they expected from the vocational rehabilitation program the responses most often cited by injured workers were:

- more education or training or skills upgrading (20.3 percent)
- nothing (18.5 percent)
- help in finding a new job with similar pay (9.4 percent)
- more treatment, medical therapy to help recover (9.2 percent)
- to find a suitable job (8.9 percent)

More education, training or skills upgrading was an expectation that was much more prevalent among pre-Bill 162 cases than post-Bill 162 cases (31.7 percent versus 15.0 percent).

Overall, a greater number of post-Bill 162 cases than pre-Bill 162 cases felt that they received from the vocational rehabilitation program what they expected.

Finally, average duration on vocational rehabilitation services was much longer for pre-Bill 162 cases than post-Bill 162 cases, 58.4 weeks compared to 12.9 weeks.

3.0 Return to Work Propensities

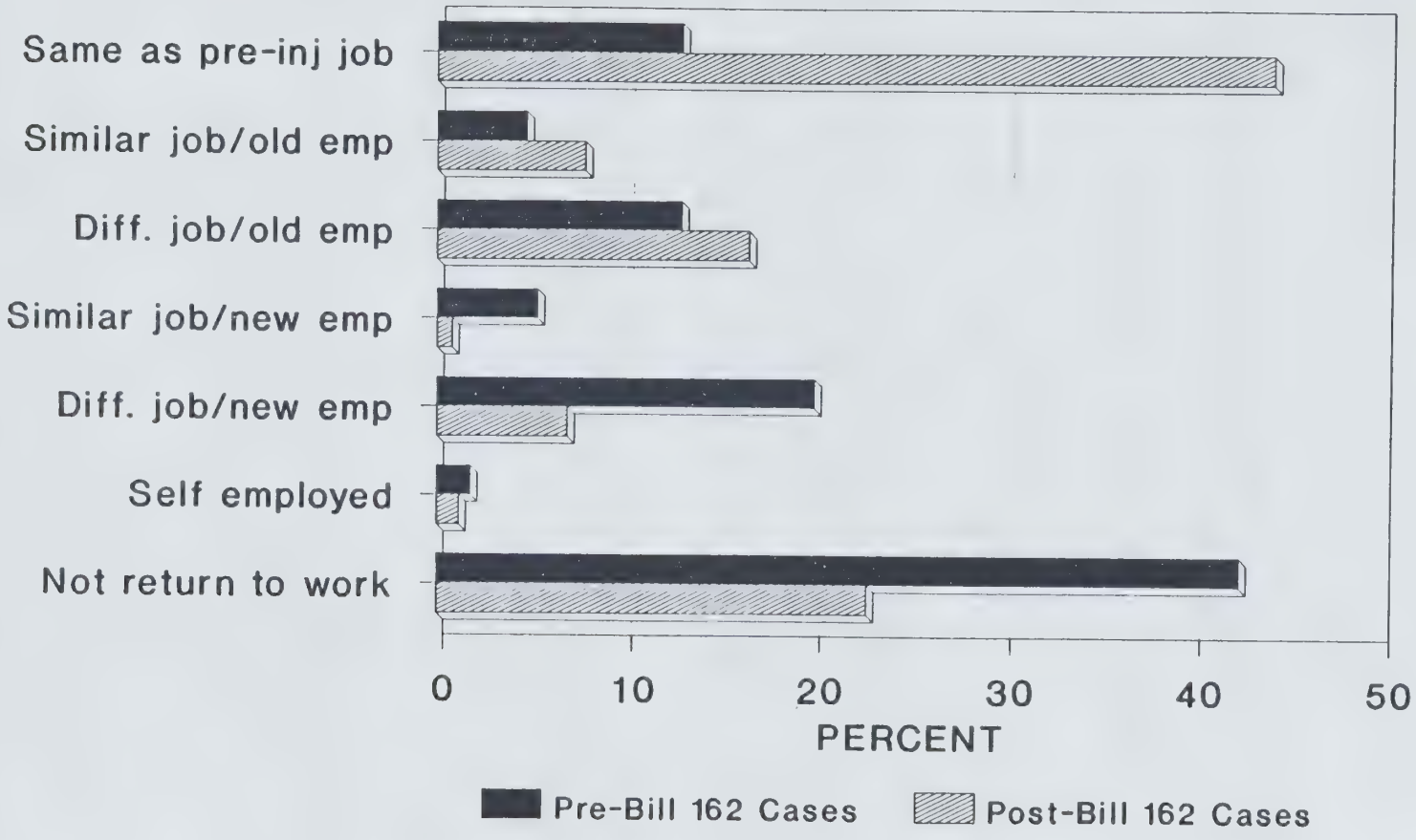
At first glance it appears that workers injured post-Bill 162 were much more successful in returning to work than their pre-Bill 162 counterparts, 77.2 percent compared to only 57.6 percent respectively. In addition, this group was much more successful in returning to their pre-injury jobs, 44.1 percent compared to 12.9 percent. Overall a larger percentage of post-Bill 162 cases, who were successful in returning to work, than pre-Bill 162 cases were still employed when surveyed. This is especially true for those injured workers who returned to their old employer rather than a new employer.

Of those who were successful in returning to work, about 60 percent stated that they were contacted by VR. A noticeably larger number of pre-Bill 162 cases who returned to work stated that they received VR contact (85.7 percent) than post-Bill 162 cases (54.1 percent). Most credit for helping the injured workers get back to their old job was given to themselves followed by their doctor, employer and WCB VR services.

For those injured workers who returned to work with either a new employer or their old employer (different job), the most often mentioned accommodations or arrangements made by the employer to permit the worker to do the new job were: provided light duties (47.9 percent), arranged flexible work schedule (27.5 percent), arranged for reduced hours (23.3), modified the layout or equipment in the work area (16.1 percent). Each of these accommodations were more prevalent among post-Bill 162 cases than pre-Bill 162 cases.

About 75 percent of those workers who were unable to return to work nevertheless say that they received WCB VR contact. Those injured workers who did not return to work, did nevertheless try to return to their old employer (51.1 percent overall). A larger percentage of pre-Bill 162 respondents stated this than post-Bill 162 respondents, 62.5 percent compared to 44.0 percent. Thirty-four percent said that they tried to find work with other employers. Again, a greater proportion of pre-Bill 162 cases (48.6 percent) stated this than post-Bill 162 cases (25.0 percent)

RETURN TO WORK STATUS POST VR
PRE-BILL162 VS. POST-BILL162 CASES



The reasons most often given by those injured workers who stated that they tried to return to work with their old employer but could not are as follows:

- physically unable to do the jobs that were available due to their injury or illness (79.2 percent)
- fired or laid-off (15.6 percent)
- too difficult to travel to work due to their injury or illness (12.5 percent)

These reasons are similar for both pre- and post-Bill 162 cases.

4.0 Earnings

Of those injured workers who returned to work, overall 5.5 percent stated that their earnings were higher when compared to the pre-accident earnings while 22.6 percent claimed their earnings were lower. However, a much greater percentage of pre-Bill 162 cases (43.9 percent) than post-Bill 162 cases (17.3 percent) said that their earnings were lower.

5.0 Stakeholder Satisfaction

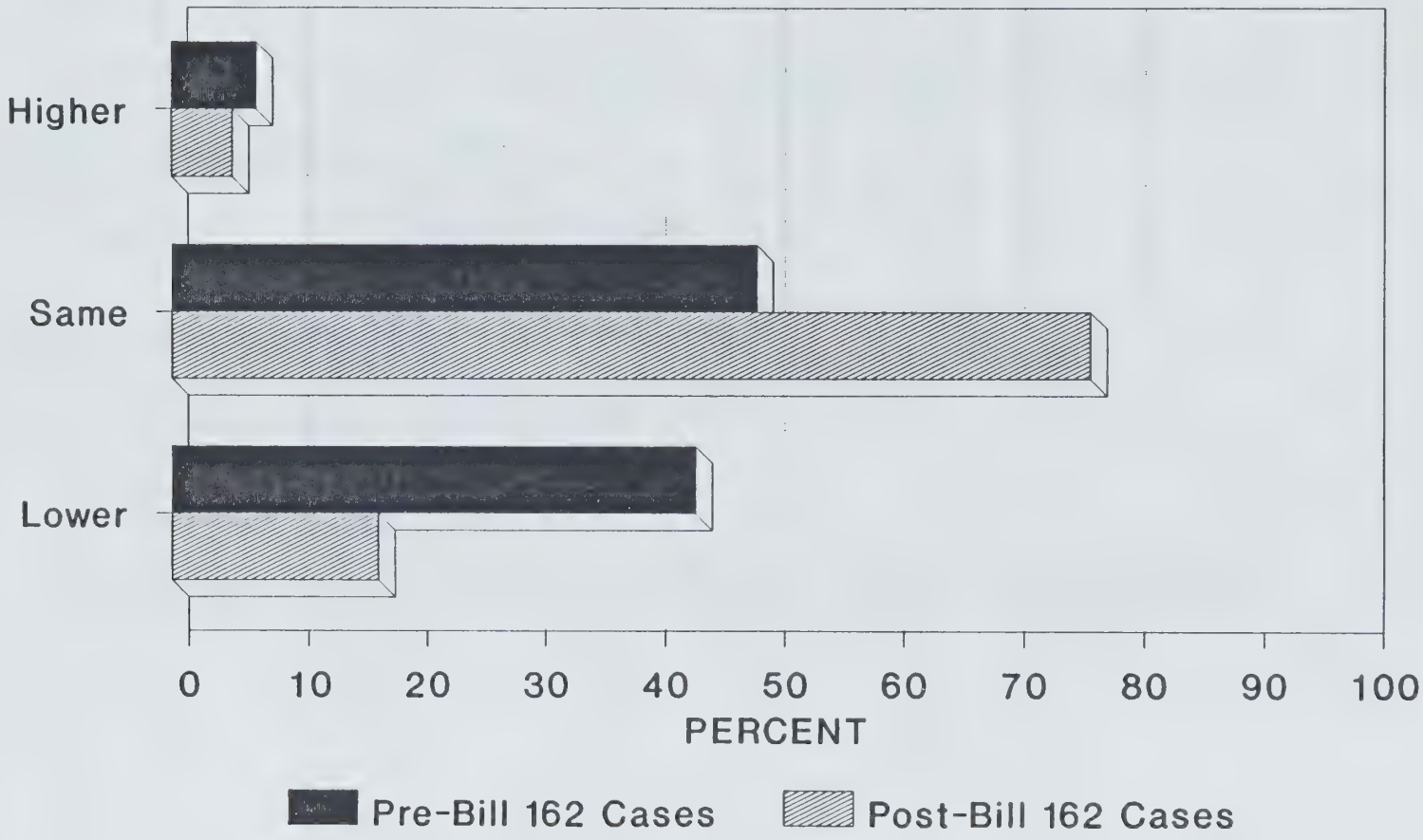
Overall, approximately three-quarters of those surveyed stated that they were either somewhat satisfied or extremely satisfied with their pre-accident job. This is also true for the pre- and post-Bill 162 sub-samples.

A relatively greater proportion of post-Bill 162 cases who returned to a similar or different job with their old employer stated that they were somewhat satisfied or extremely satisfied compared to pre-Bill 162 respondents, 50.8 percent versus 30.0 percent.

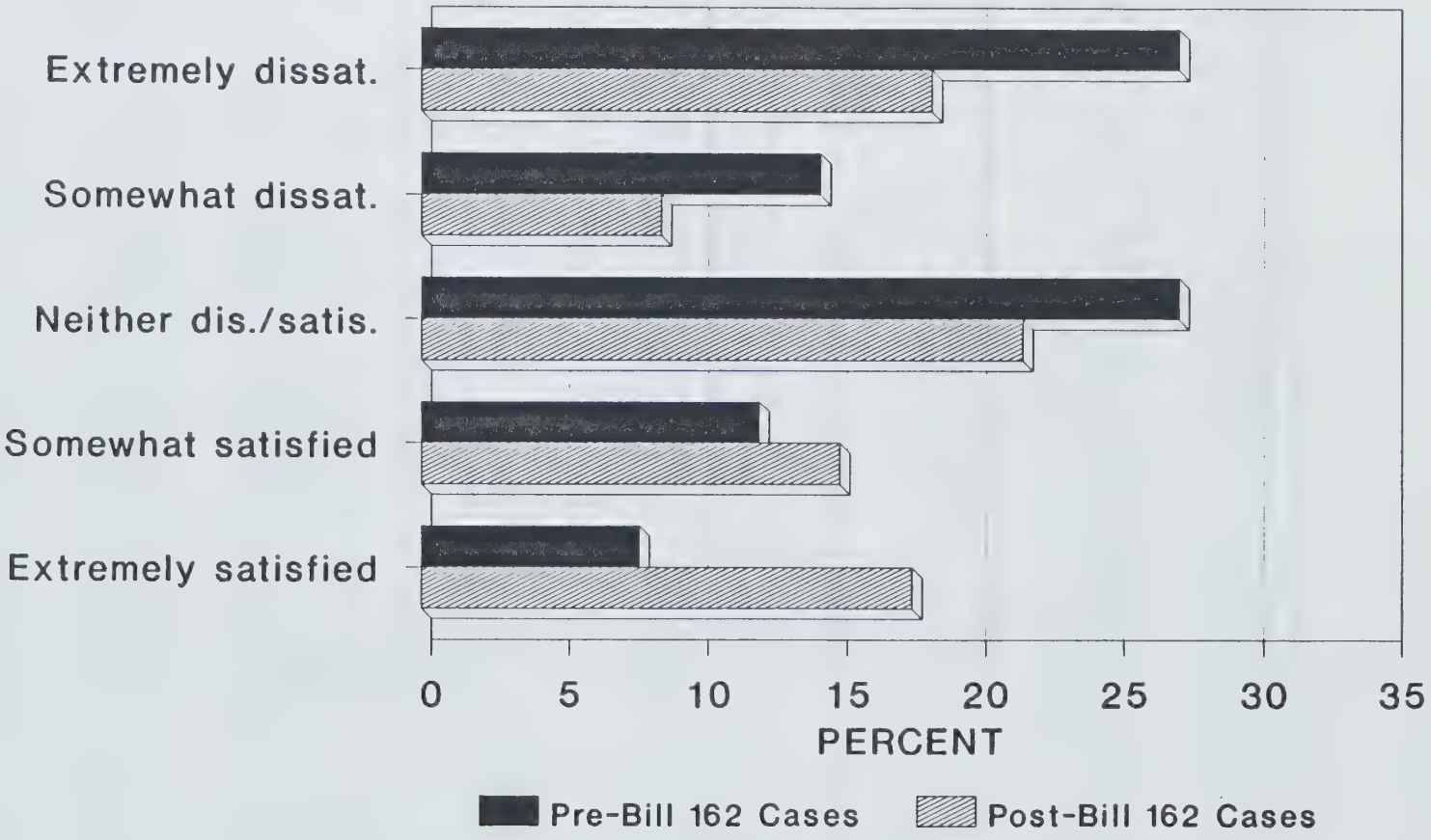
When asked to rate their overall experience with VR service, almost one-third of post-Bill 162 cases who received VR services said that they were either somewhat satisfied or extremely satisfied. However, only 20.1 percent of pre-Bill 162 cases felt this way.

A greater percentage of pre-Bill 162 cases were extremely dissatisfied compared to post-Bill 162 cases, 27.3 percent compared to 18.4 percent.

CHANGE IN EARNINGS: POST-INJURY VS PRE-INJURY JOB



RATING OF OVERALL EXPERIENCE WITH VR SERVICES BY INJURED WORKERS



6.0 Quality of Life

The vast majority (82.5 percent) of survey participants feel that their injury or illness has impacted on the quality of their life. A noticeably larger proportion of pre-Bill 162 respondents expressed this view than post-Bill 162 cases, 93.5 percent compared to 78.8 percent.

° For both pre- and post-Bill 162 cases over 80 percent of those respondents who had experienced an impact on their quality of life were of the view that their overall quality of life now was either worse or much worse compared to before their injury or illness.

° When asked to assess the relative impact of their injury or illness on their relationship with family and friends, a larger percentage of pre-Bill 162 cases than post-Bill 162 cases (59.2 percent versus 37.6 percent) who said that their quality of life was affected, felt that the quality of these relationships was worse or much worse now than before.

° Finally, in excess of 80 percent of cases who stated that their quality of life was affected by their condition indicated that their ability to participate in social and recreational activities was worse or much worse. This is true for both pre- and post-Bill 162 respondents.

7.0 Eligibility for Reinstatement

About one-half of both pre- and post-Bill 162 respondents said that they have heard that under certain circumstances injured workers have the right to be reinstated with the accident employer. Of those injured workers who were aware of this right, 37 percent stated that they had utilized it in their attempts to get back to work.

The basic criteria for re-employment of injured workers by the accident employer under S.54 are as follows:

- Continued employment with employer for at least one year
- Not employed in the construction industry
- Not employed with an employer having less than 20 workers

The employer is obliged under this section until the day that is the earliest of, (a) two years after date of injury; (b) one year after WCB notification that worker is medically able to perform job duties; and (c) the date the worker reaches sixty-five years of age.

Data limitations do not allow us to apply all the above criteria. However, we were able to exclude from the post-Bill 162 sample those workers who failed to meet the age, employer size and industry criteria. As a result our estimate of the proportion of these cases that were eligible for

re-employment are higher than actual. With this in mind, it is estimated that 70 percent of the post-Bill 162 sample were eligible for re-employment.

IV. ECONOMETRIC ANALYSIS - SUMMARY OF FINDINGS

A brief summary of major findings based on multivariate econometric modeling results is presented in the following sections. Unlike the previous tabular analysis, econometric modeling permits us to gauge the incrementality of the introduction of the VRS relative to the previous vocational rehabilitation program. All of the models control for the effects of a wide array of influencing variables such as the demographic characteristics of the injured worker, the region of the province in which the worker lives, the part of body injured, the nature of the injury, as well as pre-accident occupation, industry and annual earnings. Appendix B presents the detailed information upon which the analysis is based.

The large number of variables in the model, and the nature of the analysis serve to increase the difficulty in interpreting the regression coefficients presented in Appendix B. Rather than provide a detailed analysis of the statistical results, the essence of the overall results will be described here.

1.0 Impact on Return to Work Propensity

In this section, I summarize the results of a model of the probability of a successful vocational rehabilitation intervention. A successful VR intervention occurs if the injured worker subsequently returns to employment with either the accident employer, new employer or becomes self-employed. The ranking of the new job in the VR hierarchy is not considered.

The estimation results suggest the following independent effects:

° The probability of successful VR tends to increase:

- for male injured workers
- for married injured workers
- for injured workers with dependents
- with the injured workers level of formal education
- with the size of the pre-accident employer
- for unionized injured workers
- for injured workers originally employed with Schedule 2 firms
- with the level of pre-accident earnings
- for injured workers participating in post-Bill 162 VR environment

Injured workers participating in the post-Bill 162 VR system are about 13 percent more likely to return to work relative to those who participated in the pre-Bill 162 system.

° The probability of successful VR, as defined by return to employment, tends to decrease:

- with the age of the injured worker
- with duration on VR service

2.0 Impact on Earnings

The probability of the injured worker receiving the same or higher earnings (ie. maintaining pre-accident earnings profile) upon returning to work tends to increase:

- with age steadily until the injured worker reaches an age of about 37 years
- for male injured workers
- for married injured workers
- with the injured workers level of formal education
- with the size of pre-accident employer
- for injured workers originally employed by Schedule 2 firms

The likelihood of the injured worker maintaining his/her pre-accident earnings profile upon returning to work tends to decrease:

- for injured workers who found employment with a new employer relative to those who returned to their pre-accident employer
- with the duration on VR service
- for injured workers who returned to jobs with different physical demands than their pre-accident job
- for post-Bill 162 VR cases

3.0 Impact on Stakeholder Satisfaction

The likelihood of the injured worker being satisfied with VR services received tends to be higher:

- for male injured workers
- for married injured workers
- for more highly educated injured workers
- for injured workers with higher pre-accident earnings
- for injured workers who were successful in returning to employment
- for those injured workers who felt that they had a good understanding of what VR was attempting to achieve

- for injured workers for whom a plan which identified VR services to be received was developed
- for injured workers who felt that the VR services provided were appropriate
- for post-Bill 162 cases than pre-Bill 162 cases

Injured workers participating in the post-Bill 162 VR environment are about 12 percent more likely to be satisfied with services received than their pre-Bill 162 counterparts.

Older and unionized injured workers were less likely to be satisfied with VR services received. In addition, injured workers that were involved in the creation of their VR plan were less likely to be satisfied. Finally, duration on VR is inversely related to satisfaction.

APPENDIX A

TABULAR ANALYSIS OF DATA

PROFILE OF RESPONDENTS

Q3. Were you a member of a union or professional association?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	54.1	57.7	56.8
No	45.9	42.3	43.2
N =	170	510	680

Q7. Did you usually work some overtime?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	68.9	61.2	63.1
No	30.6	38.8	36.8
Don't know	0.5	0.0	0.1
N =	170	510	680

Q84. Gender of respondent.

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Male	62.4	63.1	62.9
Female	37.6	36.9	37.1
N =	170	510	680

Q87a. Do you have any dependents?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	59.4	58.8	59.0
No	40.0	41.0	40.7
Refused	0.6	0.2	0.3
N =	170	510	680

Q85a. At the time of your accident or illness what was your marital status? Were you ...

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Married	72.4	74.3	73.8
Separated	4.1	2.8	3.1
Widowed	1.8	0.4	0.7
Divorced	5.3	6.1	5.9
Single	16.5	16.1	16.2
Refused	0.0	0.4	0.3
N =	170	510	680

Q88. What was the highest level of formal education that you completed before your accident or illness?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
No formal schooling	1.8	0.4	0.7
Some elementary or primary school	10.6	6.3	7.4
Completed elementary or primary school	11.8	11.4	11.5
Some secondary school	37.1	34.9	35.4
High school or secondary school diploma	24.1	23.3	23.5
Some community college	2.9	5.7	5.0
Community college diploma or degree	7.1	10.4	9.6
Some university	1.7	2.0	1.9
University degree	0.6	2.8	2.2
Post-graduate degree	0.0	0.8	0.6
N =	170	510	680

Q89. In addition to your formal education, did you serve in an apprenticeship program before your accident or illness?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	22.4	18.0	19.1
No	77.1	82.0	80.8
N	170	510	680

Distribution of sample across region and head office.

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Regional Office			
Hamilton North	16.7	37.3	32.3
Hamilton South	7.1	21.9	18.3
Sudbury	9.5	2.3	4.1
Thunder Bay	8.3	3.1	4.4
Windsor	16.7	15.8	16.0
Ottawa East	8.3	6.5	7.0
Ottawa West	10.7	5.8	7.8
London	22.6	7.3	11.1
N	84	260	344
Head Office			
Central Ontario East	14.0	20.0	18.5
Toronto East	23.3	5.6	10.1
Toronto North	10.5	18.8	16.7
Construction	9.3	10.4	10.1
Central Ontario West	18.6	15.2	16.1
Toronto West	4.7	10.0	8.6
Central Ontario South	17.4	16.4	16.7
Toronto South	1.2	3.6	3.0
Complex Injury/Disease	1.2	0.0	0.3
N	86	250	336

Distribution of survey population across region and head office.

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Regional Office			
Hamilton North	16.0	38.3	34.5
Hamilton South	10.5	23.9	21.6
Sudbury	11.7	4.3	5.6
Thunder Bay	6.8	4.9	5.2
Windsor	13.6	12.6	12.8
Ottawa East	9.3	5.3	6.0
Ottawa West	9.9	4.9	5.8
London	22.2	5.6	8.4
N	162	791	953
Head Office			
Central Ontario East	9.2	18.5	16.5
Toronto East	17.0	4.1	6.9
Toronto North	12.8	20.6	18.9
Construction	13.8	9.6	10.5
Central Ontario West	17.9	12.1	13.4
Toronto West	5.0	12.4	10.8
Central Ontario South	18.8	18.7	18.7
Toronto South	5.0	3.9	4.2
Complex Injury/Disease	0.5	0.1	0.2
N	218	785	1003

Age at time of accident, pre- vs post-Bill 162 cases.

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Age category:			
Under 25	5.3	8.0	7.4
25 to 30	18.2	11.0	12.7
31 to 39	30.6	31.8	31.5
40 to 49	30.0	23.5	25.2
50 and over	15.9	25.7	23.2
Mean age (yrs)	39.3	41.1	40.7
N =	170	510	680

RETURN TO WORK AND EARNINGS

Q9a. Compared to the job you had at the time of your accident or illness, how would you describe the first job you returned to? Please think about both your earnings and duties.

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Same as pre-injury job	12.9	44.1	36.3
Comparable work with accident employer	4.7	7.8	7.1
Alternative work with accident employer	12.9	16.5	15.6
Comparable work with another employer	5.3	0.8	1.9
Alternative work with another employer	20.0	6.9	10.2
Self employed	1.8	1.2	1.3
Did not return to work	42.4	22.8	27.7
N =	170	510	680

Credit for helping injured worker get back to work by job closure category. Pre- vs Post-Bill 162 cases.

	Same Job & Old Employer		Different Job & Old Employer		Different Job New Employer		Became Self Employed	
	Pre %	Post %	Pre %	Post %	Pre %	Post %	Pre %	Post %
WCB VR Services	13.6	9.8	16.7	17.7	11.6	2.5	0.0	0.0
Canada Empoyment Services	0.0	0.4	0.0	0.0	2.3	2.5	0.0	0.0
Labour Union	4.6	1.3	13.3	5.6	0.0	0.0	0.0	0.0
Friends/Family	4.6	4.0	0.0	1.6	16.3	20.5	0.0	0.0
A Doctor	27.3	40.4	6.7	12.1	0.0	0.0	0.0	16.7
Another Medical Person	9.1	12.4	0.0	3.2	0.0	0.0	0.0	0.0
Employer	18.2	11.1	26.7	40.3	2.3	15.4	0.0	16.7
Self	40.0	19.6	23.3	16.1	18.6	5.1	100.0	66.7
N =	22	225	30	124	43	39	3	6

Rating of role played by the Vocational Rehabilitation Services in getting the job by job closure category. Rated on a scale of 1 to 5 whre 1 is "not important at all" and 5 is "very important".

	Same Job & Old Employer		Similar or Different Job & Old Employer		Similar or Different Job & New Employer		Became Self Employed	
	Pre %	Post %	Pre %	Post %	Pre %	Post %	Pre %	Post %
1	60.0	43.2	39.3	35.2	65.8	70.0	100.0	0.0
2	0.0	6.8	17.9	5.6	2.6	15.0	0.0	25.0
3	6.7	12.7	17.9	15.5	21.1	5.0	0.0	25.0
4	6.7	13.6	14.3	14.1	7.9	5.0	0.0	25.0
5	13.3	17.0	10.7	22.5	2.6	5.0	0.0	25.0
N =	15	118	28	71	38	20	3	4

Return to work and VR contact, Pre- vs Post-Bill 162 cases.

	Returned to Work		Not Return to Work	
	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	Pre-Bill 162 Cases %	Post-Bill 162 Cases %
Recalled Contact by VR	85.7	54.1	76.4	74.1
Did not recall contact	14.3	45.9	23.6	25.9
N =	98	394	72	116

For those injured workers who returned to work, are they still working at that job?

	Same Job & Old Employer		Similar or Different Job & Old Employer		Similar or Different Job & New Employer		Became Self Employed	
	Pre %	Post %	Pre %	Post %	Pre %	Post %	Pre %	Post %
Yes	45.5	82.7	60.0	80.7	53.5	53.9	66.7	100.0
No	54.5	17.3	40.0	18.6	46.5	46.1	33.3	0.0
N =	22	225	30	124	43	39	3	6

Number of jobs since VR Closure.

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
None	42.4	22.8	27.7
One	57.6	77.2	72.3
Two	12.4	4.9	6.8
Three	0.0	0.8	0.6
N =	170	510	680

Q57a. Those injured workers who did not return to work, did you try to return to work with your old employer?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	62.5	44.0	51.1
No	37.5	56.0	48.9
N =	72	116	188

Q58. Those injured workers who did not return to work, did you try to find work with other employers?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	48.6	25.0	34.0
No	51.4	75.0	66.0
N =	72	116	188

Q57b. The injured worker who tried to return to work with their old employer but could not, was it because

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
of your injury or illness you were not physically able to do the jobs that were available	82.2	76.5	79.2
your old job was temporary and was no longer available	6.7	2.0	4.2
your injury or illness made it too difficult to travel to work	8.9	15.7	12.5
your workplace was not accessible that is there were barriers to mobility, etc.	6.7	7.8	7.3
you did not have the skills required for the jobs that were available	4.4	0.0	2.1
you were absent for so long that they hired someone else for your job	8.9	7.8	8.3
the company closed	4.4	5.9	5.2
you wanted to try a different type of work	0.0	2.0	1.0
you were fired or laid off	13.3	17.7	15.6
you moved	0.0	0.0	0.0
N =	45	51	96

NOTE: Totals sum to more than 100% due to multiple responses

For those injured workers who returned to work with either their old employer or a new employer (and different jobs), the employer made the following arrangements to permit them to do the new job?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Arrange for reduced hours	20.5	24.5	23.3
Arrange flexible work schedule	21.9	30.1	27.5
Provide special training	12.3	11.7	11.9
Modify the layout or equipment in your work area	6.8	20.2	16.1
Provide light duties	41.1	50.9	47.9
N =	73	163	236

For those injured workers who returned to their old employer or a new employer in either a similar or different job, the employer made the following arrangements to permit them to do the new job?

	Similar or Different Job & Old Employer		Similar or Different Job & New Employer	
	Pre %	Post %	Pre %	Post %
Arranged for reduced hours	30.0	25.8	14.0	20.5
Arranged flexible work schedule	20.0	29.0	23.3	33.3
Provide special training	0.0	9.7	20.9	18.0
Modify the layout or equipment in your work area	10.0	25.0	4.7	5.1
Provide light duties	60.0	60.5	27.9	20.5
N =	30	124	43	39

For those injured workers who returned to work in other than their pre-accident job and employer, was their any difference between the physical demands of this job and their old job?

	Similar or Different Job & Old Employer		Similar or Different Job & New Employer		Became Self Employed	
	Pre %	Post %	Pre %	Post %	Pre %	Post %
Yes	86.7	75.8	90.7	92.3	100.0	83.3
No	13.3	21.8	9.3	7.7	0.0	16.7
N =	30	124	43	39	3	6

How did the physical demands of this job compare? There was MORE ....

	Similar or Different Job & Old Employer		Similar or Different Job & New Employer		Became Self Employed	
	Pre %	Post %	Pre %	Post %	Pre %	Post %
Heavy lifting	7.7	4.3	7.7	19.4	0.0	0.0
Bending or stooping	15.4	13.8	2.6	16.7	33.3	0.0
Crouching or squatting	7.7	6.4	7.7	13.9	33.3	0.0
Walking	11.5	18.1	20.5	27.8	66.7	0.0
Standing	23.1	19.2	7.7	30.6	33.3	0.0
Carrying	15.4	10.6	15.4	22.2	0.0	0.0
Climbing	7.7	6.4	10.3	16.7	33.3	0.0
Reaching	19.2	11.7	5.1	25.0	33.3	0.0
Sitting	26.9	33.0	38.5	33.3	33.3	0.0
Repetitive handling	19.2	18.1	10.3	25.0	0.0	0.0
N =	26	94	39	36	3	5

How did the physical demands of this job compare? There was LESS ....

	Similar or Different Job & Old Employer		Similar or Different Job & New Employer		Became Self Employed	
	Pre %	Post %	Pre %	Post %	Pre %	Post %
Heavy lifting	76.9	79.8	84.6	75.0	100.0	80.0
Bending or stooping	57.7	57.5	69.2	63.9	66.7	60.0
Crouching or squatting	57.7	62.8	79.5	69.4	66.7	60.0
Walking	34.6	42.6	64.1	47.2	0.0	60.0
Standing	23.1	37.2	61.5	44.4	0.0	60.0
Carrying	65.4	64.9	82.1	69.4	100.0	60.0
Climbing	53.9	47.9	71.8	61.1	66.7	80.0
Reaching	57.7	54.3	79.5	52.8	66.7	80.0
Sitting	30.8	26.6	33.3	25.0	0.0	60.0
Repetitive handling	34.6	46.8	59.0	55.6	100.0	80.0
N =	26	94	39	36	3	5

Q91. Under certain circumstances injured workers have the right to be reinstated with the accident employer. Have you heard of this?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	49.4	51.4	50.9
No	49.4	48.4	48.7
N	170	510	680

For those injured workers who have heard of the right to reinstatement, have you used this right to reinstatement in your attempts to get back to work?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	36.9	37.8	37.6
No	63.1	62.2	62.4
N	84	262	346

For those injured workers who returned to work, were their earnings higher, the same, or lower when compared to their pre-accident earnings?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Higher	7.1	5.1	5.5
Same	49.0	76.9	71.3
Lower	43.9	17.3	22.6
N =	98	394	492

QUALITY OF LIFE

Q93. Do you think your injury or illness has affected the quality of your life?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	93.5	78.8	82.5
No	1.8	16.3	12.7
Don't know	0.0	2.2	1.6
Not stated	4.7	2.7	3.2
N =	170	510	680

Q94. Think about the overall quality of your life now as compared to before your injury or illness. How would you rate the present quality of your life?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Much worse	62.9	41.5	47.6
Worse	23.9	38.8	34.6
Unchanged	9.4	13.4	12.3
Better	2.5	4.5	3.9
Much better	1.3	0.5	0.7
Don't know	0.0	1.2	0.9
N =	159	402	561

Q95. Think about your relationship with family and friends now as compared to before your illness or injury. How would you rate the quality of your relationships with family and friends?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Much worse	34.0	19.7	23.7
Worse	25.2	17.9	20.0
Unchanged	30.2	54.0	47.2
Better	3.8	4.2	4.1
Much better	6.3	3.5	4.3
Don't know	0.6	0.8	0.7
N =	159	402	561

Q96. Think about your ability to participate in social and recreational activities now compared to before your injury or illness. How would you rate your ability to participate in social and recreational activities?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Much worse	69.8	55.7	59.7
Worse	20.8	27.4	25.5
Unchanged	6.9	12.7	11.1
Better	1.9	1.7	1.8
Much better	0.6	1.7	1.4
Don't know	0.0	0.8	0.5
N =	159	402	561

STAKEHOLDER SATISFACTION

Q2. How would you rate your overall satisfaction with the job you had at the time of your accident or injury on a scale of 1 to 5, where 1 is extremely dissatisfied, 2 is somewhat dissatisfied, 3 is neither dissatisfied nor satisfied, 4 is somewhat satisfied and 5 is extremely satisfied?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Extremely dissatisfied	4.7	4.7	4.7
Somewhat dissatisfied	5.9	5.3	5.4
Neither dissatisfied nor satisfied	14.1	16.3	15.7
Somewhat satisfied	28.8	29.6	29.4
Extremely satisfied	46.5	43.9	44.6
N =	170	510	680

Level of satisfaction of those injured workers who returned to similar or diffrent job with old employer.

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Extremely dissatisfied	40.0	15.3	20.1
Somewhat dissatisfied	10.0	8.1	8.4
Neither dissatisfied nor satisfied	20.0	21.8	21.4
Somewhat satisfied	16.7	27.4	25.3
Extremely satisfied	13.3	23.4	21.4
N =	30	124	154

Level of satisfaction of those injured workers who returned to a similar or different job with new employer.

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Extremely dissatisfied	9.3	15.4	12.2
Somewhat dissatisfied	11.6	10.3	11.0
Neither dissatisfied nor satisfied	16.3	23.1	19.5
Somewhat satisfied	20.3	28.2	25.6
Extremely satisfied	37.2	23.1	30.5
N =	43	39	82

Q8k. How would you rate your overall experience with the Vocational Rehabilitation service?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Extremely dissatisfied	27.3	18.4	21.2
Somewhat dissatisfied	14.4	8.7	10.5
Neither dissatisfied nor satisfied	27.3	21.7	23.5
Somewhat satisfied	12.2	15.1	14.2
Extremely satisfied	7.9	17.7	14.6
N =	139	299	438

VR CONTACT AND SERVICES

Q8. Do you remember being contacted by a vocational rehabilitation counsellor or specialist, from the Workers' Compensation Board, as a result of your claim for example, a caseworker or someone from the Board with whom you may have talked about such things as job counselling or retraining, to help get you back to work?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	81.8	58.6	64.4
No	18.2	41.4	35.6
N =	170	510	680

Q8a. What service did you receive?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Tested to determine what jobs are best for me	52.5	21.1	31.1
Meetings to teach me how to look for work	38.9	12.4	20.8
Vocational rehabilitation case-worker found me a job	13.0	6.0	8.2
Meetings to help sort out financial problems	8.6	7.4	7.8
Sent to school	14.4	3.0	6.6
Trained for a specific job	11.5	3.0	5.7
Vocational rehabilitation caseworker arranged meetings with employers	37.4	26.4	29.9
Received telephone call from vocational rehabilitation staff	60.4	64.6	63.2
Other	5.8	6.4	6.2
N =	139	299	438

Note: Totals sum to more than 100% due to multiple responses

Q8b. Do you feel that the services provided were appropriate for you?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	40.3	61.9	55.0
No	50.4	29.8	36.3
Don't know	9.3	8.3	8.7
N =	139	299	438

Q8c. Was a plan which identified the vocational rehabilitation services you were to receive developed with you?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	25.2	31.1	29.2
No	66.2	57.5	60.3
Don't know	8.6	11.4	10.5
N =	139	299	438

Q8d. Which of the following people were involved in creating your vocational rehabilitation plan?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
You	68.6	63.4	64.8
Your employer	31.4	36.6	35.2
Your doctor	37.1	55.9	50.8
Your voc. rehab. caseworker	91.4	77.4	81.3
N =	35	93	128

Note: Totals sum to over 100% due to multiple responses.

Q8e. How much involvement do you feel you had in the creation of your vocational plan? Please indicate on a scale of 1 to 5 where 1 means "little or no involvement" and 5 means "a great deal of involvement"

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
1	8.6	14.0	12.5
2	5.7	6.5	6.3
3	20.0	16.1	17.2
4	40.0	21.5	26.6
5	25.7	35.5	32.8
N =	35	93	128

Q8g. Do you think you have a good understanding of what the Board's vocational rehabilitation services are attempting to achieve? Please indicate on a 5 point scale where 1 means "very little understanding" and 5 means "a great deal of understanding".

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
1	33.8	23.8	26.9
2	10.1	9.0	9.4
3	21.6	19.7	20.3
4	15.8	19.1	18.0
5	14.4	20.7	18.7
N =	139	299	438

Q8h. Did the WCB spend enough time explaining its vocational rehabilitation service to you?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Yes	43.9	44.5	44.3
No	53.2	48.8	50.2
Don't know	2.9	6.7	5.5
N =	139	299	438

Q8i. What were you expecting from the vocational rehabilitation program?

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
Help in returning to workforce	7.2	8.4	8.0
Help in finding a new job (similar pay)	18.0	5.4	9.4
Help in getting my old job back	5.8	5.7	5.7
To find a suitable job	15.8	5.7	8.9
More education or training or skills upgrading	31.7	15.0	20.3
Help me lead a more normal life	5.0	1.0	2.3
More treatment, medical therapy to help recover	7.2	10.1	9.2
Nothing	7.9	23.4	18.5
N =	139	299	438

Q8j. Did you get what you expected? Please give your answer on a 5 point scale where 1 means "none of my expectations were met" and 5 means "all of my expectation were met".

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
1	39.6	27.4	31.3
2	14.4	9.0	10.7
3	24.5	19.4	21.0
4	6.5	11.0	9.6
5	7.9	15.7	13.2
N =	139	299	438

Duration on vocational rehabilitation services (weeks).

	Pre-Bill 162 Cases %	Post-Bill 162 Cases %	All Cases %
weeks < 3	0.0	8.6	6.5
3 ≤ weeks < 6	0.0	10.0	7.5
6 ≤ weeks < 10	0.0	17.9	13.4
10 ≤ weeks < 15	0.0	27.0	20.2
15 ≤ weeks < 25	0.0	30.0	22.4
25 ≤ weeks < 35	0.0	6.1	4.7
35 ≤ weeks < 45	4.7	0.4	1.5
45 ≤ weeks < 55	31.8	0.0	7.9
weeks ≥ 55	63.5	0.0	15.9
Average (weeks)	58.4	12.9	24.3
N=	170	510	680

APPENDIX B

ECONOMETRIC ANALYSIS OF DATA

MODELLING TECHNIQUES

Given the nature of most of the data (ie. mainly categorical or discrete) qualitative choice models were used for most of the econometric analysis. However, some Ordinary Least Squares (OLS) models were also employed. The use of qualitative choice models is necessary when the endogenous variables take on only discrete values. The logistic distribution specification (ie. logit) was utilized for most of the analysis. A rigorous description of qualitative response modeling methods can be found in any good econometrics textbook. For example, interested readers may want to refer to:

Maddala, G.S., Limited-Dependent and Qualitative Variables in Econometrics, Cambridge University Press, Cambridge, 1983.
Greene, W.H., Econometric Analysis, Macmillan, New York, 1990.
Cramer, J.S., Econometric applications of Maximum Likelihood methods, Cambridge University Press, Cambridge, 1986.
Hosmer, D.W. and Lemeshow, S., Applied Logistic Regression, John Wiley & Sons, New York, 1989.

TABLE 1: LOGIT EQUATION ESTIMATES OF THE PROBABILITY OF INJURED WORKER RETURNING TO WORK

Explanatory Variables	Mean	Logit Coefficient	t - Statistic
Demographics:			
Age	40.5	-0.0247	-0.4
Age Squared	1,767.7	-0.0003	-0.4
Male	0.63	+0.1205	+0.5
Married	0.74	+0.303	+1.1
Dependents	0.59	+0.0561	+0.3
Education:			
[Less than High School]			
High School	0.58	+0.4711*	+1.7
Post Secondary	0.21	+0.4815	+1.4
Apprenticeship Program	0.19	-0.049	-0.2
Pre-Accident Employer:			
[5 or less employees]			
6 to 20 Employees	0.08	+0.0317	+0.1
21 to 50 Employees	0.12	+0.3978	+0.8
51 to 100 Employees	0.10	+0.496	+0.9
101 to 250 Employees	0.14	+0.1062	+0.2
251 to 500 Employees	0.09	+0.0761	+0.1
More than 500 Employees	0.24	+0.0359	+0.1
Unknown # of Employees	0.17	-0.5352	-0.9
Union	0.57	+0.0692	+0.3
Overtime	0.63	-0.1629	-0.7
Sch. 2 firm	0.07	+0.393	+0.8
Location:			
[Head Office]			
Thunder Bay	0.02	-0.4458	-0.7
Ottawa East	0.04	-0.5386	-1.1
Ottawa West	0.04	-1.8436*	-3.4
Sudbury	0.02	+0.2994	+0.4
Windsor	0.08	-0.2229	-0.6
Hamilton North	0.16	+0.5607*	+1.8
Hamilton South	0.09	+1.2717*	+2.8
London	0.06	+0.1340	+0.3

TABLE 1 CONTINUED

Explanatory Variables	Mean	Logit Coefficient	t - Statistic
Nature of injury:			
[Fracture]			
Contusion	0.13	-0.5166	-0.9
Hearing Loss	0.02	-0.3685	-0.4
Sprain/Strain	0.59	-0.8041	-1.6
Other	0.20	+0.066	+0.1
Part of body:			
[Ankle/Foot]			
Head/Neck	0.02	-0.3619	-0.4
Arm	0.06	-0.2967	-0.5
Hand/Fingers	0.08	-0.2164	-0.4
Back	0.39	-0.2834	-0.6
Wrist	0.06	-0.4329	-0.7
Shoulder	0.06	+1.3888*	+1.7
Knee	0.06	+0.5942	+0.9
Multiple Parts	0.13	-0.0437	-0.8
Other	0.10	-0.3235	-0.6
Duration on VR (weeks)	24.3	-0.0023	-0.2
Annual Earnings (000's)	25.1	+0.0164*	+1.7
Post-Bill 162 Case	0.75	+0.8291	+1.3
Constant		1.868	+1.07
Sample size		680	
Chi-square (62)		146.3	

NOTES: The model also included 12 binary control variables for occupation and 8 binary control variables for industry.
Reference group is shown in square parenthesis where appropriate.

* Significant at the 10% level (two tailed test)

TABLE 2: LOGIT EQUATION ESTIMATES OF THE PROBABILITY OF INJURED WORKER RECEIVING SAME OR HIGHER EARNINGS UPON RETURNING TO WORK

Explanatory Variables	Mean	Logit Coefficient	t - Statistic
Demographics:			
Age	39.22	+0.1522	+1.4
Age Squared	1659.8	-0.0021	-1.5
Male	0.63	+0.1794	+0.5
Married	0.74	+1.2217*	+2.8
Dependents	0.61	-1.2754*	-2.9
Education:			
[Less Than High School]			
High School	0.60	+1.0572*	+2.0
Post Secondary	0.24	+0.1044	+0.2
Apprenticeship Program	0.19	-1.3086*	-2.9
Pre-Accident Employer:			
[5 or Less Employees]			
6 to 20 Employees	0.07	+1.3827	+1.5
21 to 50 Employees	0.13	+0.7272	+0.9
51 to 100 Employees	0.10	+0.9961	+1.2
101 to 250 Employees	0.14	+0.4295	+0.5
251 to 500 Employees	0.10	+0.6724	+0.7
More than 500 Employees	0.26	+1.8925*	+2.2
Unknown # of Employees	0.15	-0.1474	-0.1
Union	0.58	-0.0882	-0.2
Overtime	0.62	+0.2070	+0.6
Sch. 2 Firm	0.08	+0.6659	+0.8
Location:			
[Head Office]			
Thunder Bay	0.02	-3.0915*	-2.5
Ottawa East	0.03	-0.1159	-0.2
Ottawa West	0.01	+0.9053	+0.4
Sudbury	0.02	+0.6932	+0.6
Windsor	0.08	+0.5259	+0.7
Hamilton North	0.19	+0.3282	+0.7
Hamilton South	0.11	+0.1335	+0.2
London	0.05	-0.2611	-0.4

TABLE 2 CONTINUED

Explanatory Variables	Mean	Logit Coefficient	t - Statistic
Nature of injury:			
[Fracture]			
Contusion	0.12	-0.8282	-0.8
Hearing Loss	0.02	-2.7536*	-1.9
Sprain/Strain	0.56	-1.7261*	-1.8
Other	0.23	-2.4854*	-2.5
Part of body:			
[Ankle/Foot]			
Head/Neck	0.02	-0.6740	-0.3
Arm	0.06	-2.1596*	-1.9
Hand/Fingers	0.09	-2.7169*	-2.4
Back	0.37	-1.4337	-1.5
Wrist	0.06	-1.8600	-1.5
Shoulder	0.07	-2.2027*	-2.0
Knee	0.06	+0.2911	+0.2
Multiple Parts	0.11	-1.8163*	-1.7
Other	0.11	+0.0484	+0.1
New Employer	0.17	-1.3535*	-3.1
Different Physical Demands	0.41	-3.1799*	-6.7
Duration on VR (weeks)	21.8	-0.0395*	-1.8
Post-Bill 162 Case	0.80	-1.5615	-1.4
Constant		3.8574	+1.3
Sample size	492		
Chi-square (63)	235.6		

NOTES: The model also included 12 binary control variables for occupation and 8 binary control variables for industry.
Reference group is shown in square parenthesis where appropriate.

* Significant at the 10% level (two tailed test)

TABLE 3: LOGIT EQUATION ESTIMATES OF THE PROBABILITY OF INJURED WORKER BEING SATISFIED WITH VR SERVICE RECEIVED

Explanatory Variables	Mean	Logit Coefficient	t - Statistic
Demographics:			
Age	40.3	-0.0613	-0.7
Age Squared	1749.7	+0.0008	+0.7
Male	0.61	+0.1007	+0.3
Married	0.73	+0.6164*	+1.7
Education:			
[Less Than High School]			
High School	0.62	+0.3256	+0.7
Post Secondary	0.21	+0.0381	+0.1
Apprenticeship Program	0.21	+0.1152	+0.3
Pre-Accident Employer:			
[5 or Less Employees]			
6 to 20 Employees	0.07	-1.8061*	-2.1
21 to 50 Employees	0.12	-2.1692*	-2.6
51 to 100 Employees	0.10	-2.7965*	-3.0
101 to 250 Employees	0.14	-1.3466*	-1.7
251 to 500 Employees	0.09	-2.2178*	-2.4
More than 500 Employees	0.23	-2.0479*	-2.5
Unknown # of Employees	0.20	-2.1675*	-2.2
Union	0.59	-0.4505	-1.2
Overtime	0.67	+0.0072	+0.1
Sch. 2 Firm	0.08	+0.1830	+0.3
Location:			
[Head Office]			
Thunder Bay	0.03	+0.2187	+0.2
Ottawa East	0.05	+1.6987*	+2.5
Ottawa West	0.04	+0.3388	+0.4
Sudbury	0.02	-1.5599	-1.3
Windsor	0.10	+0.3056	+0.6
Hamilton North	0.14	+0.1366	+0.3
Hamilton South	0.09	-0.4658	-0.9
London	0.06	+0.6039	+0.9

TABLE 3 CONTINUED

Explanatory Variables	Mean	Logit Coefficient	t - Statistic
Nature of injury:			
[Fracture]			
Contusion	0.12	-0.4242	-0.5
Hearing Loss	0.02	+0.4407	+0.3
Sprain/Strain	0.62	+0.3782	+0.5
Other	0.19	-0.3098	-0.4
Part of body:			
[Ankle/Foot]			
Head/Neck	0.01	+3.6179*	+2.4
Arm	0.06	+1.5029	+1.3
Hand/Fingers	0.08	+1.1320	+1.1
Back	0.42	+0.7282	+0.8
Wrist	0.07	+0.8827	+0.8
Shoulder	0.05	-0.8962	-0.8
Knee	0.05	-0.7199	-0.6
Multiple Parts	0.12	+1.5297	+1.6
Other	0.10	+0.9684	+1.0
Returned to Work	0.68	+0.1727	+0.5
Appropriate VR Service	0.55	+1.7596*	+4.9
VR Plan	0.29	+1.2924*	+2.7
IW Involved in Plan Creation	0.19	-0.2341	-0.5
Good Understanding of VR	0.37	+1.5064*	+4.8
Annual Earnings (000's)	24.9	+0.0037	+0.2
Duration on VR (weeks)	28.3	-0.0044	-0.2
Post-Bill 162 Case	0.68	+0.2088	+0.2
Constant		-1.1794	-0.5
Sample size	438		
Chi-square (66)	182.6		

NOTES: The model also included 12 binary control variables for occupation and 8 binary control variables for industry.
Reference group is shown in square parenthesis where appropriate.

* Significant at the 10% level (two tailed test)

Vocational Rehabilitation File Review

VOCATIONAL REHABILITATION PROGRAM REVIEW

March 13, 1992

VOCATIONAL REHABILITATION PROGRAM REVIEW

VR FILE REVIEW - PHASE 1

I. BACKGROUND

A) The Claim File Review

As a component of the evaluation of the Vocational Rehabilitation Strategy, a follow-up telephone survey was conducted on a sample of approximately 700 pre and post Bill 162 cases, post VR closure in 1990. The follow-up survey was conducted with the assistance of an external consulting firm and the results of that survey are reported earlier in Chapter 3.1 of this document. In addition to the follow-up telephone survey, a claim file review was completed on a subset of approximately 200 of these follow-up cases to determine the nature and frequency of VR services provided to workers as noted in the VR plan. The claim file review process is to continue through the next few months to examine 1991 closures.

The results of follow-up telephone survey and claim file review now form components of the broader Vocational Rehabilitation Program Review which was initiated in October, 1991. At that time an internal working group was established to examine current VR practices and determine ways to enhance the Board's efforts to promote return to work. The results of the claim file review on 1990 closed cases are presented below.

B) The Vocational Rehabilitation Plan

The file review focused on, but was not exclusive to the VR plan. A VR plan specifies a worker's vocational objectives and establishes how the VR goal will be achieved. In helping to determine a worker's vocational objectives, the caseworker works through the return to work hierarchy with each worker to enable the worker to re-enter the work force on the highest level possible. In establishing the objectives of a VR program, the worker, employer, and caseworker try to ensure that the worker's projected gross earnings over time will be as close as possible to the pre-injury earnings profile. The plan specifies the vocational objectives, rehabilitation activities, responsibilities of the parties involved, and time frames established for completion of the rehabilitation activities. As such, the VR plan, properly documented, should provide a useful source of information from which to determine which VR services are actually provided to injured workers. In subsequent analysis of post closure status, the relationship between the provision of services and successful return to work will be examined.

II. DATA SOURCES

A VR file review was carried out during the period November 21 to December 6, 1991 of a total of 211 files, (120 post Bill 162 files and 91 pre Bill 162 files).

These cases were a subset of population of approximately 2000 cases, initially drawn to participate in a follow-up telephone interview survey to determine post VR closure work experience, and wages. The telephone follow-up population was composed of pre and post Bill 162 cases.

The 120 post Bill 162 cases had accident dates on or after January 2, 1990 and were closed with VR in the last quarter of 1990. This group represented cases in the transitional period, when post Bill 162 policies were still being developed and implemented. This group was selected from the first stream of cases to be subject to the VR Strategy where a significant period of time (approximately 1 year) had elapsed since VR closure.

The 91 pre Bill 162 cases had an accident date between January 1, 1986 and June 30, 1989 with initial VR activation between July 1, 1989 and December 31, 1989 and who closed to VR in the last quarter of 1990. This group was selected as representative of pre-strategy VR cases, whose VR activity and closure was not so long ago as to introduce significant recall bias in the reporting of events.

As the external consulting firm proceeded with the Telephone Follow-Up Survey on these two groups, claim number listings of completed surveys were sent to the Board's offices. Claim numbers for the file review were then chosen randomly from the listing of completed follow-up interviews, as they were received. Consequently, certain ISU's/Regional offices had fewer, and in some cases, no files reviewed at all in this sampling of 211. (Table I)

III. METHODOLOGY

Following a review of each VR file, a work sheet (Exhibit I) was completed in order to capture VR activity undertaken by the caseworker as well as the frequency of each activity. Where documentation pertaining to a specific activity was missing or not available for review, the information could not be captured. A decision then had to be made as to whether the activity should be categorized as "UNKNOWN" or "NOT APPLICABLE". Decision rules were developed based on the content of the entire claim file, and the context in which VR services were provided. (Exhibit II)

The results presented in this report are based solely on information that could be extracted from the imaged and paper files reviewed. It is possible that additional VR activity may have occurred; however, documentation, other than what is reported here, could not be found. In the case of imaged files (ie. post Bill 162 cases), documentation was often indexed and scanned but not filed and therefore not available for

review. Substantial additional information on VR services may exist in caseworkers "working" files. However, since these files are not incorporated into the claim files this information also was not available for review. Both of these situations present a considerable problem not only for adequate file reviews, but also for the provision of subsequent appropriate VR, in cases which require additional service in the future. In the subsequent review of 1991 closures, it may be appropriate to access "working files" as well as the official claim file, in order to determine the extent to which this situation occurs.

IV. RESULTS OF CLAIM FILE REVIEW

A. Post Bill 162 Claims/Imaged Files

The review of 120 post Bill 162 files revealed the following:

1. Point of Activation/Duration of Service

   - Tables IIa and IIb reflect the distribution of time to activation and duration of VR services respectively.
   - In 50% of files reviewed, VR activation occurred within 21 weeks, or less, post-accident. (Table IIa)
   - The average duration of rehabilitation service for post Bill 162 files was 12 weeks. (Table IIb)
   - Average duration by time to activation is noted in Table III.

2. Contact

   - In 38% of the post Bill 162 files reviewed where it could be determined that contact had to be made between injured workers and caseworkers, it was noted that the injured workers had been successful in returning to employment either prior to or shortly after case activation. As a result, an initial interview and/or a General Vocational Rehabilitation Assessment (GVRA) was not always completed. In 61% of the files reviewed, the caseworker had completed an initial interview and/or a GVRA.
   - It was noted that contact with the accident employer occurred in 52% of the cases sampled. Presumably, where the injured worker had been successful in returning to work at the time of initial contact by the caseworker, contact with the accident employer was considered unnecessary.
   - In 6 files (5%) it could not be established that there was contact between the caseworker and injured worker. It was noted, however, that in 2 of these 6 files, contact had been made with the accident employer.

- In 34% of cases, rehabilitation intervention appears to have consisted of one contact with the injured worker followed by case closure. In 21% of files reviewed, contact with the injured worker occurred on 2 occasions prior to closure and in an additional 21%, there were 3 contacts with the injured worker prior to closure.

  On the basis that very little can be accomplished in the way of rehabilitation assistance in 1, 2 or even 3 contacts, it could be hypothesized that a significant portion of these cases may not have warranted activation.

- Evidence of rehabilitation activity in the post Bill 162 files reviewed was generally minimal. Similarly, the need for referral to a Social Rehabilitation Counsellor, Placement Advisor, Modified Work Program Specialist or Worksite Analyst appears to have been minimal as was evident from the limited number of referrals.

3. VR Plan

- Where the injured worker had been successful in returning to work at the time of initial contact by the caseworker, it was determined that the development of a Vocational Rehabilitation Plan was not necessary.

- 14 files (12% of files reviewed) contained a plan proposal.

- 14 files (12% of files reviewed) contained informal VR Plans.

- 25 files (21% of files reviewed) contained formal VR Plans. Three of these 25 files contained 2 formal plans each.

- It was noted that formal and informal VR Plans, when on file, often did not contain much detail regarding planned VR activity. For example, it was not uncommon to find that a plan indicated only that the caseworker intended to arrange for vocational testing with no indication subsequently as to whether this had occurred or not.

- Time parameters, indicating when a specific activity would be initiated and completed, were defined in only 19% of plans. Informal plans generally did not contain time parameters.

- Formal VR Plans require pertinent signatures such as Injured Worker, Employer and Caseworker. Of the files reviewed, 28 formal plans were noted. Of these, 25 contained both the injured worker and caseworker's signatures while 17 of the 28 contained the employer's signature. Although the doctor's signature is not mandatory, 2 plans were signed by the attending physician.

- o Formal and informal VR plans, outlining a specific course of VR activity, totalled 42. Of these 18 were brought to fruition. In some instances plans were abandoned as the injured worker either resumed medical treatment or refused to proceed as planned. In a few cases it was impossible to determine what had transpired to change the planned course of action.

4. VR Objective

- o In 73% of cases, the VR objective was identified as return to work.
- o In 7% of cases, an alternate objective was identified such as retirement.
- o The stated objective was achieved in 57% of cases.
- o Specific employment targets were established in 48% of cases.
- o 53% of injured workers returned to work with the accident employer and 14% returned to work with a new employer.
- o An earnings profile was completed in 58% of cases.
- o In situations where a new job was being considered, a detailed job description was found in 18% of cases.

5. Assessment

- o A review of post Bill 162 files revealed that in 24 cases (20%), there was evidence of a 6 month offer of assessment having been extended. Of these, 6 Functional Abilities Evaluations (FAE) were completed and in 3 cases, vocational testing was completed.
- o A work trial had been completed in 10 files (8%).
- o There was often no evidence on file to indicate why the assessment did not proceed once the offer had been extended.

6. Training

- o Training appeared to have been provided in 4% of cases.
- o Sponsorship of training did not appear warranted in 83% of cases due to factors such as, successful return to work, further medical treatment, injured worker not willing to participate, injured worker claiming total disability, injured worker withdrawn from the work force, or inability to establish a realistic vocational objective.

7. Counselling

- Re-employment rights were explained and/or investigated in 23% of cases. This activity was not considered necessary in 38% of cases as injured worker had, in all probability, been successful in returning to work with the accident/new employer or the accident employer was no longer in business. This issue was not addressed in 6% of total files reviewed and in 33% of files it was unknown as to whether or not the issue had been addressed.

- Documentation on counselling in the areas of social, financial, job search and labour market was noted in 11 cases (9%) of the sample.

8. Program Costs

- Program cost identification pertaining to formal educational training programs was unnecessary in 92% of cases; this is in keeping with the findings on sponsorship of formal training programs.

- Assessment costs were identified in 4% of cases.

- Associated training costs, such as payment of transportation or books and supplies, were identified in 1% of cases.

9. Documentation

- Considering that the average duration of service for this sub-sample of post Bill 162 cases was 12 weeks, it can be assumed that VR activity was limited. In 76% of cases, contact with injured worker appears to have been limited to 3 occasions or less, therefore, documentation on file is minimal.

10. VR Closure Outcome

- The table below outlines the outcome status of the reviewed cases, at time of VR closure. (17 cases missing because of absent closure category in the VR database)

Employed	67%
Not Employed	33%
Of the Not Employed:	
No Further Rehab Action Indicated	91%
Self Perceived Restrictions	3%
Total Disability	3%
Retired	3%

11. Subsequent Activation Post Closure

- Subsequent to VR closure in the last quarter of 1990, 26 of the 120 cases reviewed, regardless of closure outcome, were reactivated by VR at some point in the following year.

- At the point of follow-up, 18 of the 26, or 70% indicated they had not returned to employment.

12. Reported Return to Work Outcomes From Follow-up Survey

- Tables IV, V and VI outline return to work outcomes on the entire sample of 120 cases. This information is the workers' self reported return to work outcome, when contacted for the telephone follow-up survey one year post closure. Additional information on VR activity, obtained from the claim file review, is also provided on these cases in Table VI.

- 53% of the sample returned to work with the accident employer. (Table IV)

- In 32% of cases, the injured worker returned to work with the accident employer and less than 3 contacts between the caseworker and injured worker were required.

- 14% of the sample returned to work with a new employer. (Table IV)

- In 6% of cases the injured worker returned to work with a new employer and less than 3 contacts between the caseworker and injured worker were required.

- In 33% of files reviewed, injured worker had not returned to work at the time of VR closure. (Table IV)

- A breakdown of VR outcomes by hierarchy is provided in the attached table. (Table V)

- Of those cases who were closed by VR as "not employed", 37% or 13 cases reported returning to employment when followed up one year later. Approximately 1/3 of these cases, had been reactivated by VR; the remainder apparently returned to work without further vocational rehabilitation intervention. Of those cases who were closed by VR as "employed" 3 cases or 4% reported at follow-up 1 year later, that they had not returned to work.

B. Pre-Bill 162 Claims Paper Files

A review of 92 Pre-Bill 162 files revealed the following:

1. Point of Activation/Duration of Service

- o Tables IIa and IIb reflect the distribution of time to activation and duration of VR services respectively.
- o VR intervention occurred within 56 weeks, or less, post accident in 50% of cases reviewed. (Table IIa)
- o Average duration of service within pre Bill 162 cases was approximately 57 weeks. (Table IIb)
- o A breakdown of average duration by time to activation is provided in the attached table. (Table III)

2. Contact

- o Delays of up to two months from time of activation to initial contact by the caseworker were noted in approximately 10% of the cases.
- o Initial interviews or the G.V.R.A. were on file in approximately 88% of the cases.
- o Contact with the accident employer noted in approximately 70% of the cases.
- o Contact with either accident employer or new employer noted in 85% of cases.
- o Contact was noted between the caseworker and the doctor in approximately 24% of the cases.
- o Contact was noted with the new employer in approximately 15% of the cases, yet approximately 22% of the cases returned to work with a new employer.
- o Contact was noted with either the Claims/Pensions Adjudicator in approximately 35% of the cases.
- o Injured workers appear to have been contacted approximately 8 times on average by a caseworker prior to the closure of the VR file.
- o A Social Rehab Counsellor was active in approximately 10% of all the cases, but in about 25% of those cases who did not return to work.
- o A Placement Specialist was active in approximately 24% of the cases.

- o A Modified Work Program Specialist was active in about 4% of all cases.

- o A Worksite Analyst was active in about 5% of cases.

- o Contact between the Caseworker and the Technical Advisor was noted in only 20% of the files. Caseworkers discussed action with Technical Advisors in cases where the injured worker RTW with the old employer approximately 21% of the time. Discussions occurred approximately 37% of the time where the injured worker RTW with a new employer. As well, discussions occurred approximately 26% of the time when the injured worker had not RTW at all.

- o Approximately 50% of the cases that RTW with a new employer had received some assistance from either a Placement Specialist, Modified Work Program Specialist or Worksite Analyst.

- o Approximately 36% of cases that RTW with the old employer had received some assistance from either a Placement Specialist, Modified Work Program Specialist or Worksite Analyst.

- o Approximately 8% of cases that did not RTW at all had received some assistance from either a Placement Specialist, Modified Work Program Specialist or Worksite Analyst.

- o Approximately 24% of cases that did not RTW at all had received services from a Social Rehabilitation Counsellor. There were no cases at all where a Social Rehabilitation Counsellor was involved and the injured worker ended up RTW with either the old or a new employer.

- o Approximately 28% of cases that RTW with either the old employer or new employer had received assistance from a Placement Specialist.

3. <u>VR Plan</u>

- o 24% of files reviewed contained informal VR plans.

- o 70% of files reviewed contained formal VR plans.

- o Approximately 64% of all files which had either formal/informal plans had the appropriate time parameters.

- o Pertinent signatures found on the plans can be broken down in the following manner;

  Injured Worker = 69% Employer = 29%
  Caseworker = 71% Doctor = 14%

- o 42% of files reviewed had a Plan Proposal on file.

- o 47% of the files reviewed had a formal plan reflecting a Phase III - Return to Work category.

- o In 39% of the files reviewed the Caseworker had recorded on the "Plan Closure Sheet" that the VR Plan had been completed.

4. VR Objective

- o 96% of all files had a specified VR objective.

- o In 90% of cases, the VR objective was identified as RTW.

- o Specific employment targets were established in 48% of cases.

- o The stated objective was achieved in 40% of cases.

- o An earnings profile was completed in 47% of cases.

- o In 74% of the cases reviewed, caseworkers failed to obtain and/or document job descriptions with either the old or new employer.

5. Assessment

- o Injured workers appear to have been offered the opportunity of an assessment in 39% of cases.

- o 30% of cases reviewed had completed an FAE. This represents 27 injured workers completing an FAE, of these, 9 cases had some form of plan on file and the objective was achieved. Of these 9 injured workers, 5 returned to work with the accident employer in comparable work.

- o 32% of injured workers appear to have completed vocational testing.

- o 12% of injured workers appear to have completed a work trial.

- o 50% of cases reviewed where an FAE had been completed, did not RTW when VR service was closed.

6. Training

- o 13% of files received a modified work program.
- o 9% of files received CJST training.
- o 7% of files received on-the-job training.
- o 2% received academic upgrading.

7. Counselling

- o Re-employment rights were explained and/or investigated in 19% of cases.
- o 13% of cases received some type of social rehabilitation counselling.

- o 9% of cases received some type of financial counselling.
- o 41% of cases received some type of job search assistance.
- o 34% of cases received some type of labour market information.

8. Program Costs (External Assessment Agencies + Training Facilities)

- o Cost identification, and the appropriate administrative paperwork, appear to have been placed on file in 43% of cases where some form of an assessment had been completed, ie; FAE or Vocational Testing.

- o Associated program costs related to such programs as academic upgrading or college sponsorship, appear to have been placed on file in 23% of cases reviewed where training was provided.

9. Documentation

- o Given that the approximate number of documented contacts, on file, averaged to be eight and the average duration of service was 57 weeks this suggests that injured workers were being contacted, either in person or by phone on average every seven weeks.

- o Reports which had been documented based upon a phone contact were found to be very general in nature and did not reflect very much detail with regards to VR direction or options.

- o In cases where there were transfers from one caseworker to another there were large time gaps between reports on file.

- o In cases where the caseworker had another specialist involved, ie; Social Rehabilitation Counsellor, Worksite Analyst, Placement Specialist, the reports on file, during this period, were almost solely from the specialist involved and only rarely from the caseworker.

- o Often times VR Plans and Proposals appear to have been submitted after the VR activity had actually been proposed and implemented.

- o Although signatures of the Technical Advisor appeared on many of the VR plans, showing authorization for the plan, rarely was direction recorded or comments from the Technical Advisor re approval/denial noted in the file.

- o In cases where Technical Advisors were involved and gave written direction the VR plan appeared to be presented in a far more accurate and detailed manner.

10. File Management

- Lengthy gaps in documented follow-up by the Caseworker were noted. (See point #1 re: documentation)

- A large number of files had brief documents from Caseworkers reflecting that phone contacts had been attempted but without success.

- Frequent file transfer from one Caseworker to another was evident. This would likely disrupt the rehabilitation process and extend duration of service.

- There was little evidence on file that new caseworkers had spoken with the previous caseworker when case transfers had occurred.

- Caseworkers frequently documented specific action to be taken, such as, arrange for vocational testing, however, there was no evidence on file to indicate whether this had been carried out or why it had not been carried out.

- Approximately 33% of cases reviewed reflected that there had been 2 contacts made between the caseworker and the claims adjudicator.

- 22% of cases reflected an average of 2 contacts between the caseworker and the injured workers' physician.

- Less than 5% of cases reflected any discussion between the caseworker and the UMA.

11. VR Closure Outcome

- The table below outlines the outcome status of the pre Bill 162 cases reviewed, at the time of VR closure. (12 cases missing due to missing closure category on the VR database)

Employed	38%
Not Employed	62%
Of the Not Employed:	
Financially Self Sufficient	6%
No Further Rehab Action Indicated	90%
Declined Employment	2%
Withdrew	2%

12. Subsequent Activation Post VR Closure

- Subsequent to VR closure in the last quarter of 1990, 15 cases, or 16% of all the pre Bill 162 cases reviewed, regardless of closure outcome, were reactivated at some point during the following year. Only one of these individuals was not employed at follow-up one year after the closure in 1990.

13. Reported Return to Work Outcomes From Follow-up Survey

- Tables IV, V and VI outline the return to work outcomes of the 91 pre Bill 162 cases. This information is the workers' self-reported return to work status when contacted for the telephone follow-up survey. Additional information on VR activity, as obtained from the claim file review, is also provided in Table VI.

- 16% of cases reviewed RTW in their pre-injury job with the accident employer.

- 6% of cases reviewed RTW in a comparable job to their pre-injury position with the Accident Employer.

- 14% of cases reviewed RTW in a suitable job with the accident employer.

- 4% of cases reviewed RTW in a comparable job to their pre-injury position with a new employer.

- 18% of cases reviewed RTW in a suitable job with a new employer.

- 1% of cases reviewed became self-employed.

- 41% of cases reviewed had not RTW at the time of the follow-up closure.

- Of those cases whom were closed by VR as "not employed", 17 cases or 35% reported they had returned to employment when followed up one year later.

- Five or 29% of these cases had been reactivated by VR; the remainder appear to have returned to work without further VR.

14. File Closure

- Closures do not appear to have been processed by the Caseworker in a timely fashion. It was also noted that Technical Advisors frequently did not sign them off until 10 weeks later after the caseworker had submitted the closure report.

- Often times closure categories and specific details identifying exactly which VR plan had been completed and in which phase etc., were not identified.

V. EFFECTIVENESS OF SPECIFIC VR SERVICES IN ASSISTING WORKERS TO RETURN TO EMPLOYMENT

A preliminary analysis was undertaken on the approximately two hundred pre and post Bill 162 file review cases who also participated in the follow-up survey to begin to determine which aspects of vocational rehabilitation appear to contribute most positively to the workers' return to work.

To do this a statistical modelling technique was used which relates the answers to a number of questions to an indicator of interest. In this case a model was developed to examine the relationship between a workers' post-injury employment status, and a number of potential explanatory factors including whether they had received any form of assessment, counselling or training program through VR.

Using either the VR closure outcome or the self reported return to work outcome, a number of statistically significant factors emerged which increase the probability that a worker will return to work. These include:

- Having a high school education
- Having higher pre-accident annual earnings
- Having received training through VR

Workers who required specific VR assessments or counselling services had a decreased probability of returning to work. This finding probably relates to the fact that cases where these services are required are by their nature more difficult to return to work.

Of all the explanatory variables, having participated in a VR training program, had by far the most powerful explanatory effect on whether a worker returned to work or not. This is of course a preliminary finding only and is based on an analysis of a small number of claims. Further and more detailed analysis of this nature will be possible with the completion of the Phase II claim file review.

VI. SUMMARY

As previously stated, the review of post Bill 162 files revealed that in 38% of cases, the injured worker had been successful in returning to work either prior to or shortly after file activation, therefore, minimal rehabilitation assistance was required. Rehabilitation action in these cases consisted of **less than** 3 contacts by the Caseworker. In 76% of the entire post Bill 162 sample, rehabilitation action consisted of **3 or less** contacts by the Caseworker. As a result, the files reviewed reflect limited VR activity and corresponding documentation.

It was concluded that at least 38% of the post Bill 162 sample may consist of inappropriate file activations which may be attributable to the operating areas' mandatory activation practices. These practices were implemented in an effort to ensure compliance with Bill 162 regulations. Unfortunately, they appear to have precluded adequate pre-referral activity such as file review and/or contact with the injured worker to determine whether vocational rehabilitation assistance was warranted prior to activation.

There was sufficient evidence within the pre Bill 162 sample to indicate that rehabilitation service was indeed provided and the file review did capture the extent and nature of service provided.

It was noted that the quality and timeliness of VR services, as documented, appears questionable and did not appear to adhere to the principles of the Vocational Rehabilitation Strategy. Although the cases were handled during the transitional period, it was anticipated that the emphasis on the VR Strategy would have resulted in shorter service time, a higher degree of partnerships, clearer objectives and comprehensive VR plans which were processed more efficiently and effectively. This does not appear to have been the case, possibly, due to the large influx of newly trained Caseworkers, lack of experienced Technical Advisors, as well as the introduction of new and complex policies and policy guidelines.

Ongoing file reviews and post closure telephone follow-ups on a sample of VR closed cases from the last quarter of 1991 will facilitate monitoring of change in the quality and quantity of VR services provided in the second full year of implementation of the strategy. The results should be available by mid April and should also form part of the VRPR report.

March 13, 1992.

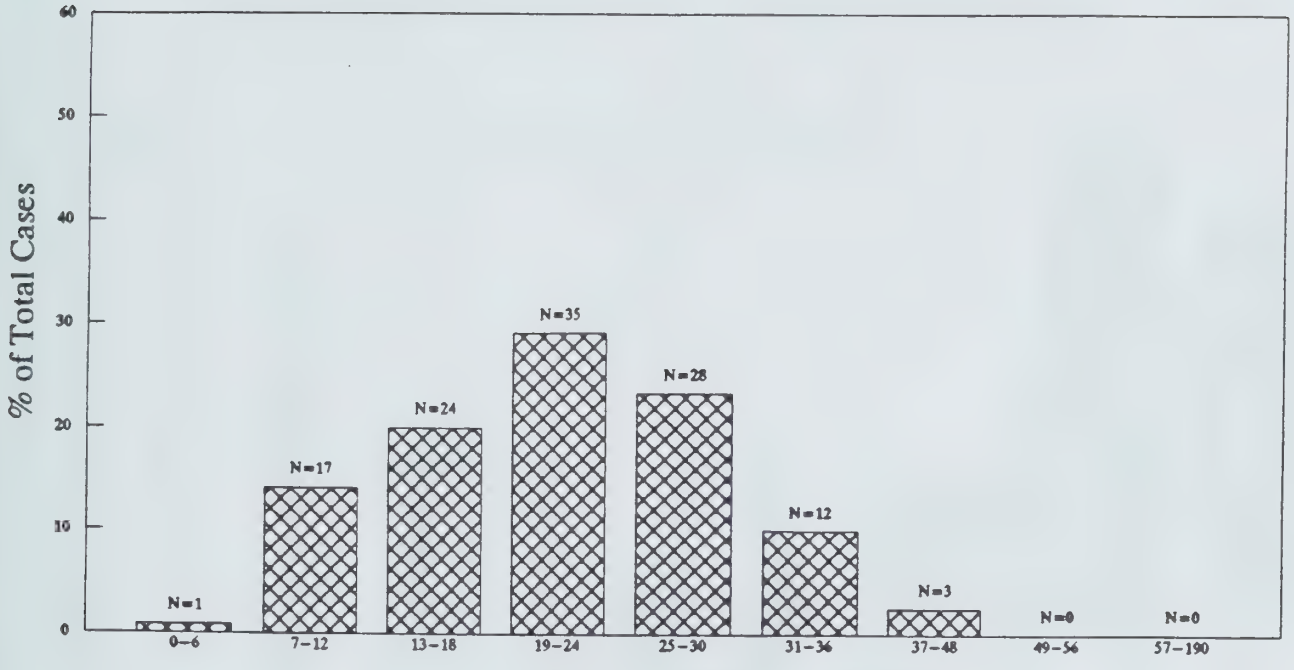
VR FILE REVIEW

TABLE I – SAMPLE DISTRIBUTION

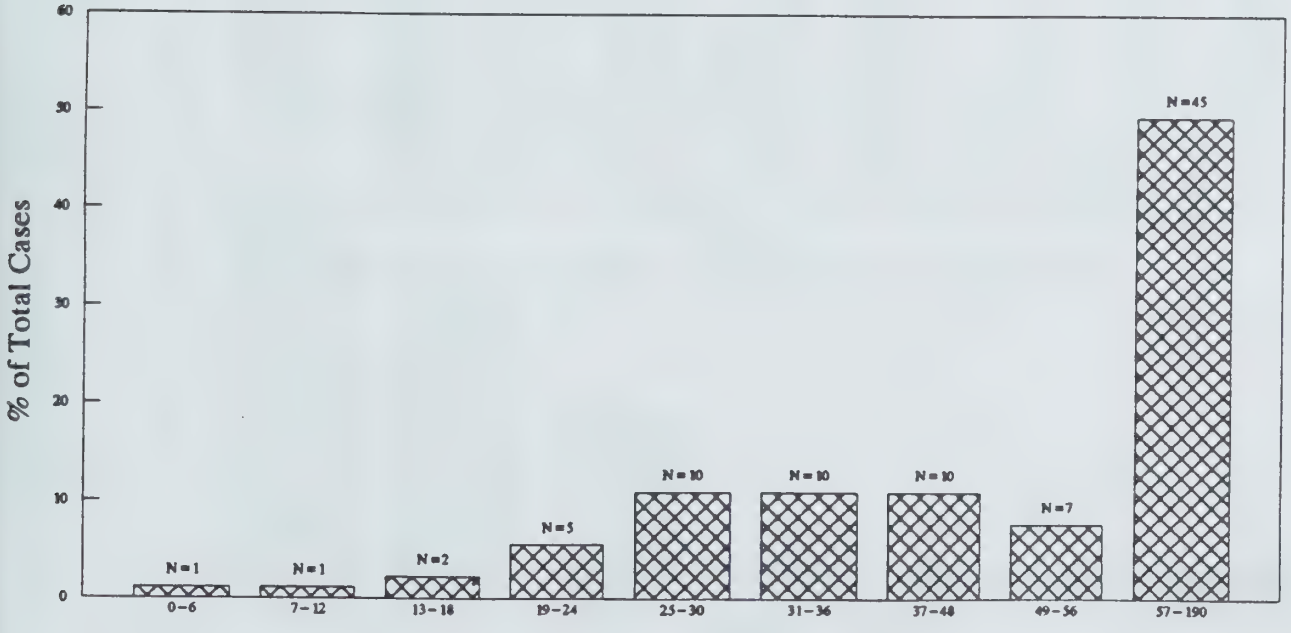
Regional Offices	Post Bill 162	Pre Bill 162
CCU–D	0	0
COE	10	4
TE	4	13
TN	21	7
CONSTR	10	4
COW	6	10
TW	4	4
COS	18	8
TS	1	1
HAMILTON	17	5
LONDON	1	12
OTTAWA	12	13
SUDBURY	2	0
T–BAY	5	0
WINDSOR	8	9
CCU–I	1	1
TOTAL	120	91

VR FILE REVIEW

TABLE II A – TIME TO ACTIVATION



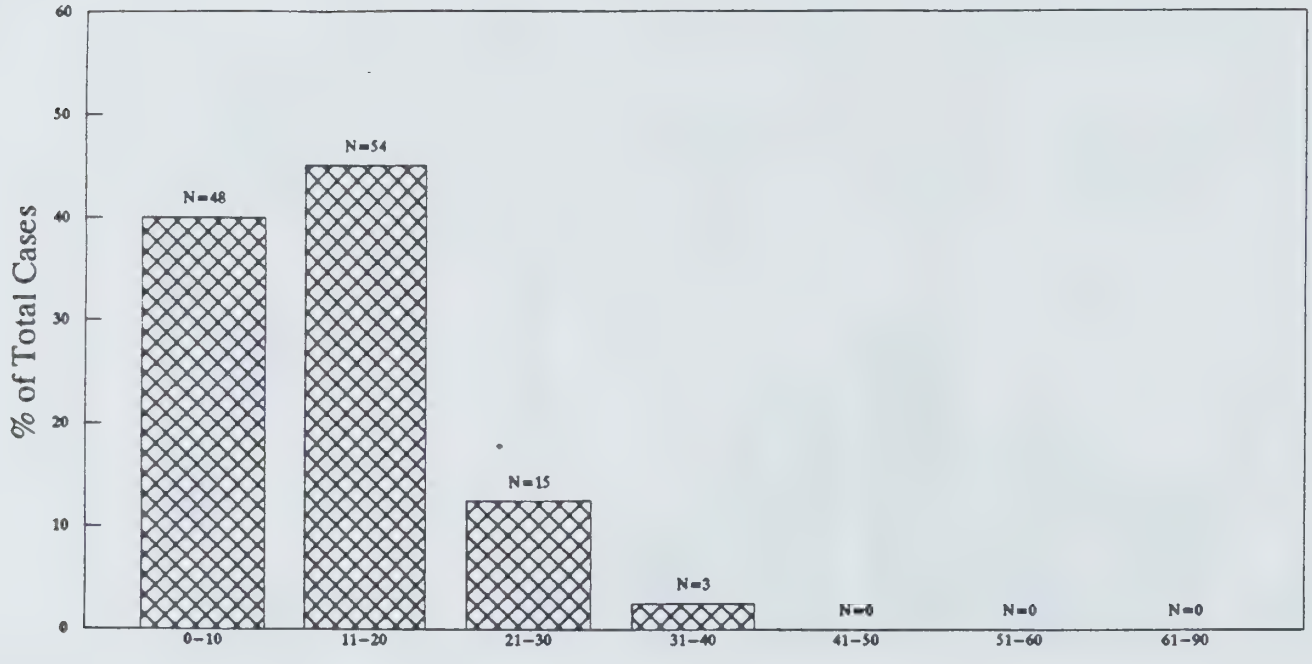
Time to Activation (weeks)
Post Bill 162 (N=120)



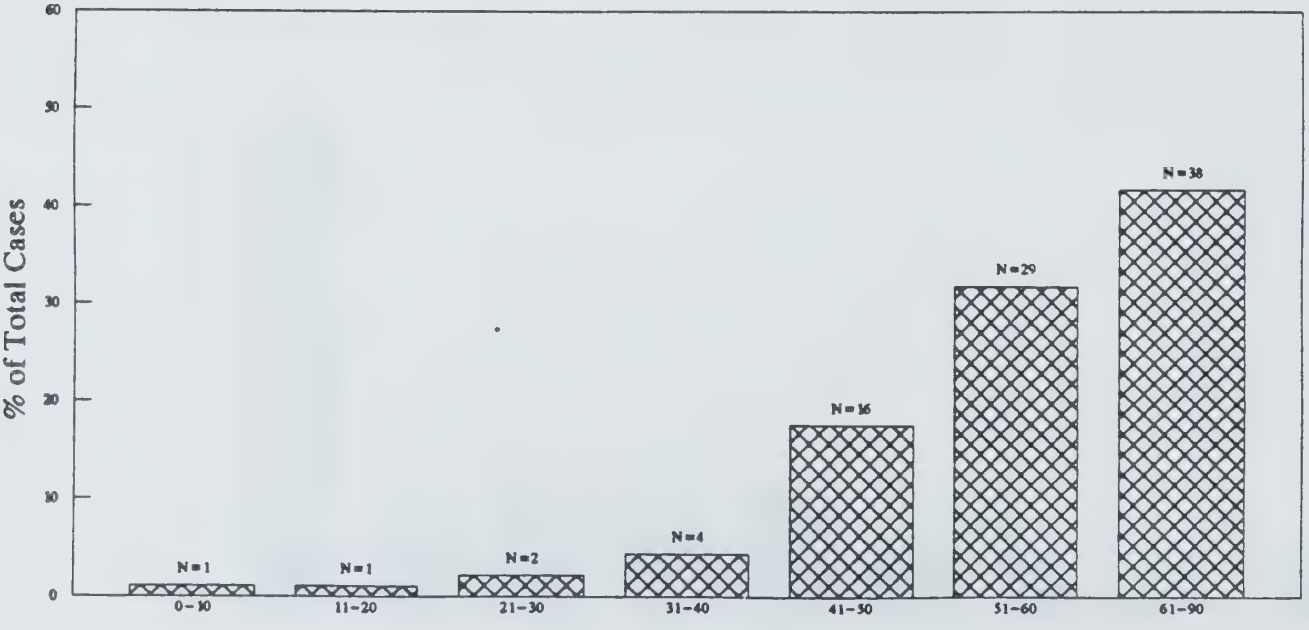
Time to Activation (weeks)
Pre Bill 162 (N=91)

VR FILE REVIEW

TABLE II B – DURATION OF VR SERVICE



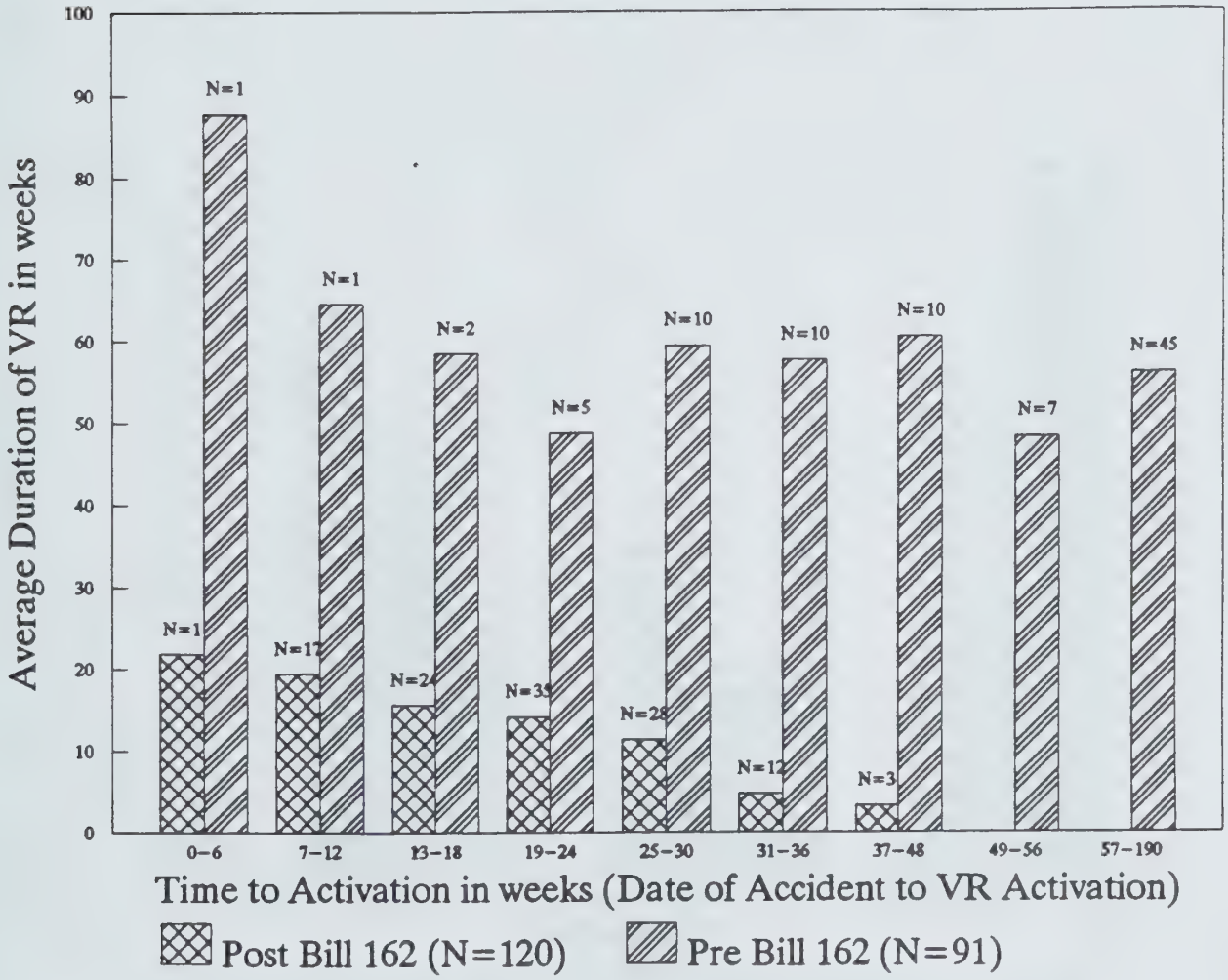
Duration of VR Services (weeks)
Post Bill 162 (N=120)



Duration of VR Services (weeks)
Pre Bill 162 (N=91)

VR FILE REVIEW

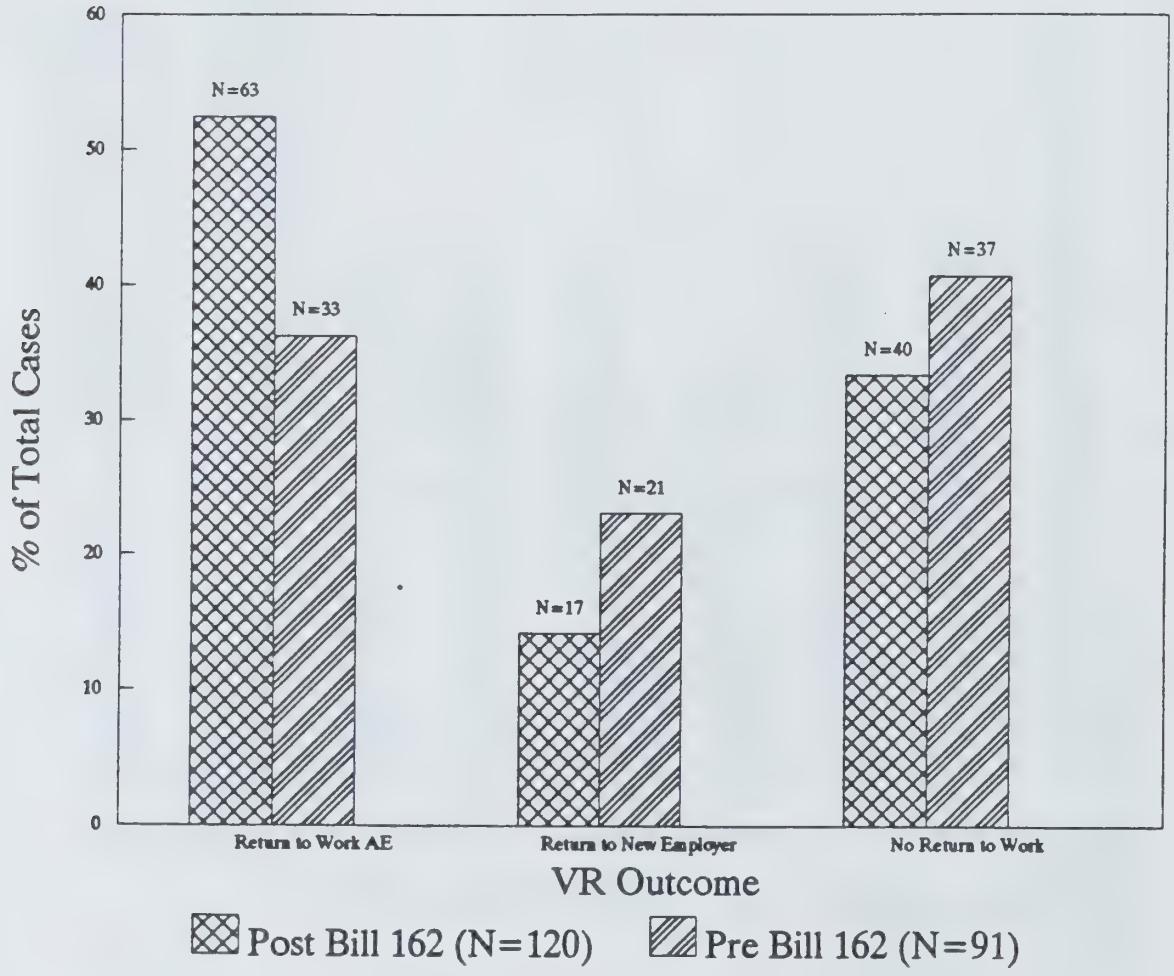
TABLE III – VR AVERAGE DURATION BY TIME TO ACTIVATION



VR FILE REVIEW

TABLE IV – VR OUTCOMES

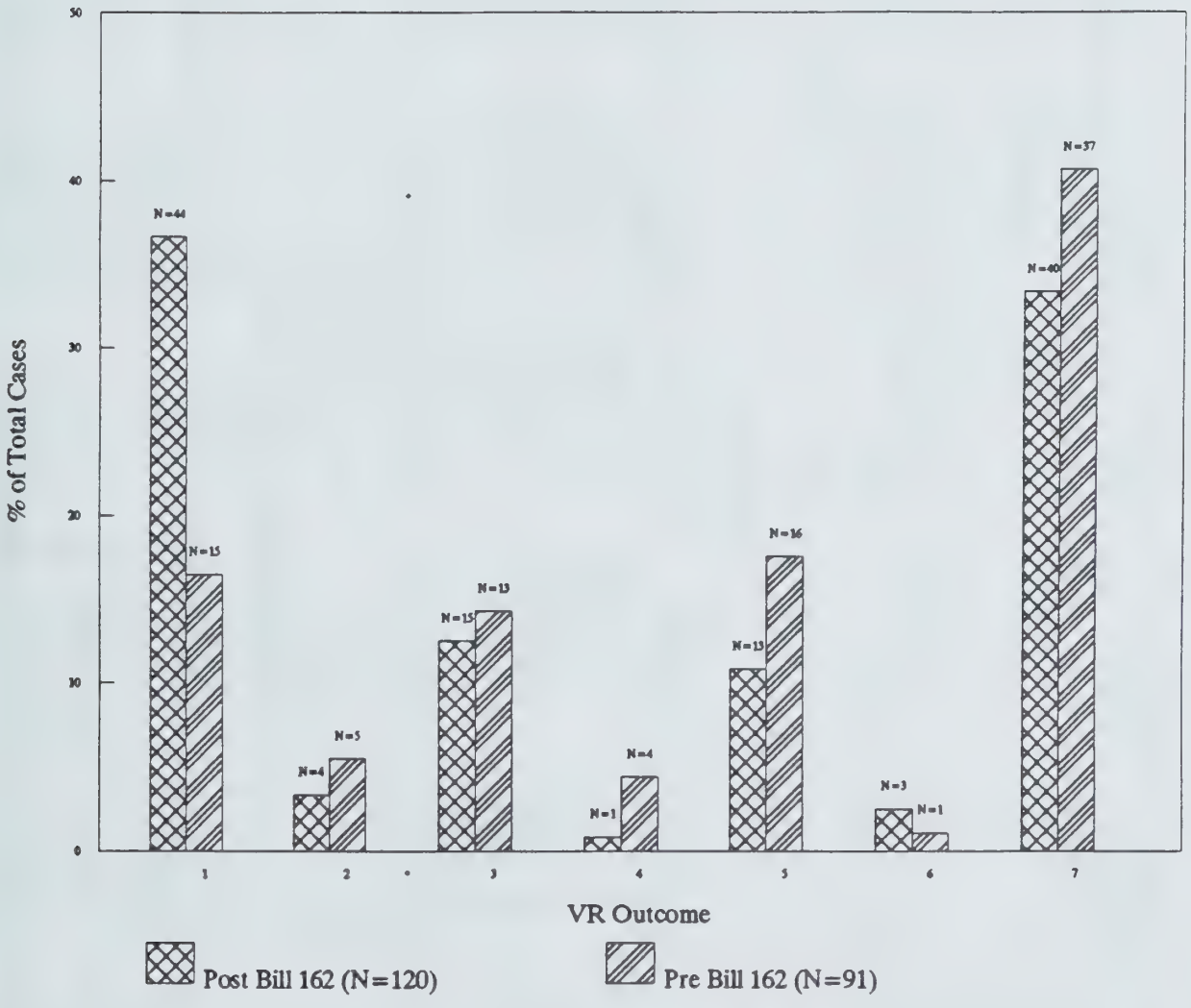
ACCIDENT EMPLOYER(AE) VS. NEW EMPLOYER



Return to Work AE : Total of Outcomes 1, 2 and 3
Return to New Employer : Total of Outcomes 4, 5 and 6
No Return to Work : Outcome 7

VR FILE REVIEW

TABLE V – VR OUTCOMES BY HIERARCHY



VR Outcome Categories

1 : Pre–Injury Employment AE
2 : Comparable Employment AE
3 : Suitable Employment AE
4 : Pre–Injury Employment New
5 : Comparable Employment New
6 : Self–Employed
7 : Did not Return to Work

TABLE VI
VR FILE REVIEW DATA, PHASE I

SELF REPORTED OUTCOME

Post Bill 162

Follow–up Status *	Number of Files		Avg Time to Activation	Formal VR Plan		VR Objective RTW		VR Objective Achieved		Earnings Profile		Average Duration
1	44	36.7%	22 wks	8	18.2%	37	84.1%	33	75.0%	29	65.9%	12 wks
2	4	3.3%	19 wks	1	25.0%	3	75.0%	3	75.0%	3	75.0%	17 wks
3	15	12.5%	20 wks	7	46.7%	13	86.7%	13	86.7%	11	73.3%	15 wks
4	1	0.8%	28 wks									16 wks
5	13	10.8%	20 wks	3	23.1%	8	61.5%	7	53.8%	8	61.5%	12 wks
6	3	2.5%	31 wks	1	33.3%	2	66.7%	2	66.7%	3	100.0%	9 wks
7	40	33.3%	22 wks	8	20.0%	24	60.0%	10	25.0%	16	40.0%	16 wks
Total	120	100.0%	Avg 21 wks	28	.	87		68		70	.	Avg 12 wks

N=120

Pre Bill 162

Follow–up Status *	Number of Files		Avg Time to Activation	Formal VR Plan		VR Objective RTW		VR Objective Achieved		Earnings Profile		Average Duration
1	15	16.4%	58 wks	5	33.3%	14	93.3%	7	46.7%	9	60.0%	58 wks
2	5	5.5%	73 wks	5	100.0%	5	100.0%	3	60.0%	3	60.0%	62 wks
3	13	14.3%	67 wks	10	76.9%	13	100.0%	8	61.5%	10	76.9%	53 wks
4	4	4.4%	80 wks	3	75.0%	4	100.0%	2	50.0%	1	25.0%	55 wks
5	16	17.6%	56 wks	7	43.8%	15	93.8%	11	68.8%	11	68.8%	54 wks
6	1	1.1%	42 wks			1	100.0%			1	100.0%	47 wks
7	37	40.7%	72 wks	22	59.5%	30	81.1%	6	16.2%	8	21.6%	57 wks
Total	91	100.0%	Avg 56 wks	52		82		37		43		Avg 57 wks

N=91

FOLLOW–UP STATUS

1 : Pre–Injury Employment, Accident Employer
2 : Comparable Employment, Accident Employer
3 : Suitable Employment, Accident Eemployer
4 : Pre–Injury Employment, New Employer
5 : Comparable Employment, New Employer
6 : Self–Employed
7 : Not Employed

* The Follow–up Status reflects the self reported return to work outcome.

CLAIM NUMBER_____ ISU/REGION_____ ACTIVATION DATE_____
ACCIDENT DATE_____ CLOSURE DATE_____
CASELOAD NO._____ DURATION OF SERVICE_____

ACTIVITY	YES/NO	# TIMES	UNKNOWN	N/A
SITUATIONAL ANALYSIS				
Review Claim File				
Clarify Medical Status				
GVRA/Initial Interview				
V.R. PLAN				
Plan Proposal				
Informal VR Plan				
Formal VR Plan				
Time Perameters defined				
Signatures on Plan: Injured Worker				
Employer				
Caseworker				
Physician				
Phase I - Pre-Vocational				
Phase II - Job Preparation				
Phase III - Return to Work				
VR Plan completed				
V.R. OBJECTIVE				
Objective is to return to work				
Objective other than return to work (eg, retirement)				
Employment Target identified				
Job Description obtained				
Earnings Profile				
RTW Pre-Accident Work - Accident Employer				
RTW Pre-Accident Work - New Employer				
RTW Comparable Work - Accident Employer				
RTW Comparable Work - New Employer				
RTW Alternate Work - Accident Employer				
RTW Alternate Work - New Employer				
Objective Achieved				
SUBSEQUENT VR **TYPE OF CONTACT**				
Injured Worker				
Accident Employer				
Physician/Specialist				
IW Representative/Union				
New Employer				
Claims/Pensions Adjudicator				
UMA				
Nurse Specialist				
Technical Advisor				
Previous Caseworker				
Social Rehab Counsellor				
Placement Specialist				
Modified Work Program Specialist				
Worksite Analyst				

ACTIVITY	YES/NO	# TIMES	UNKNOWN	N/A
ASSESSMENT				
Injured Worker offered assessment				
FAE/Physical Appraisal completed				
Vocational Testing completed				
Social Evaluation				
Financial Counselling				
Work Trial				
TRAINING				
Transitional/Modified Work Program				
Special Work Placement Program				
English as a Second Language				
Academic Upgrading				
Post Secondary: College/University				
Technical/Skill				
Technical/Skill - Private				
Business Training - Private				
Training on the Job				
CJST				
Job Readiness				
COUNSELLING SERVICES				
Re-employment Rights				
Social Rehabilitation				
Financial				
Job Search				
Labour Market				
Home Modification				
Work Modification				
Work Place Modification				
Human Rights Code				
Travel Restrictions				
Leaving Province/Country				
COSTS				
Assessment				
Training Costs				
Associated Training Costs				
Assistive Devices				
Home Modification				
Work Modification				
Work Place Modification				

Exhibit II

Example: Formal VR Plan

Unknown = VR report makes reference to the VR plan, however, the document cannot be located on the file.

N/A = At the time of initial contact, IW had returned to work.

SPEAKING OUT: WHAT VOCATIONAL REHABILITATION STAFF TELL US

Prepared for:

Workers' Compensation Board of Ontario
December 11, 1991

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EXECUTIVE SUMMARY

INTRODUCTION

In October 1991, the Workers' Compensation Board established an internal working group to carry out a Vocational Rehabilitation Program Review (VRPR) to examine existing approaches to vocational rehabilitation, and to identify ways to enhance the Board's efforts to promote return to work. One of the key tasks in the VRPR was to obtain an objective assessment of vocational rehabilitation staff's understanding, attitudes, and perceptions of impediments in carrying out their jobs and providing vocational rehabilitation services. An external consultant was engaged to carry out a series of focus group interviews with a cross-section of vocational rehabilitation staff across the province in late November and early December 1991.

TERMS OF REFERENCE

The external consultant was asked to assess the extent to which vocational rehabilitation staff possess a clear understanding of the vocational rehabilitation strategy, its policies and procedures and to analyze the problems and issues encountered by vocational rehabilitation staff in providing vocational rehabilitation services.

METHODOLOGY

* Nine focus group discussions were held in the following regional offices: Hamilton, London, Ottawa, Windsor, Thunder Bay, Sudbury, and Toronto (3 sessions).

* A random sample of 40 vocational rehabilitation caseworkers and 18 vocational rehabilitation specialists was selected. Their length of experience with the WCB varied from 3 months to 13 years.

* All nine focus group discussions were tape recorded. Participants were assured that their individual comments would be kept confidential. Pertinent information and comments were extracted and classified. The data was then analyzed.

SUMMARY OF FINDINGS

In analyzing the focus group discussions, several common themes emerged with reference to the vocational rehabilitation employees' jobs.

I. Job Components

* Caseworkers and vocational rehabilitation specialists generally projected a positive image of a committed staff dedicated to the goal of providing effective rehabilitation services to injured workers.

* Most caseworkers and vocational rehabilitation specialists described their main responsibility in terms of providing good service to injured workers, that is, effectively returning them to jobs at a salary commensurate with pre-injury earnings.

* Vocational rehabilitation caseworkers expressed a lack of confidence in their ability to set goals for injured workers. This was particularly emphasized by new caseworkers who felt that they had neither the exposure nor the experience to adequately assist injured workers in developing realistic vocational goals. Two other areas were also mentioned as problematic. These include, determining the essential duties of the injured worker's job (completing the General Vocational Rehabilitation Assessment form) and determining the information required to make Future Economic Loss (FEL) awards. Caseworkers felt particular pressure in making 'eleventh hour' decisions on FEL awards when medical and personal information pertinent to their clients was missing.

Job Impediments

i. Caseload Volume

* Caseworkers and vocational rehabilitation specialists saw their essential responsibilities impeded by caseloads that are well over the optimum of 55 set by WCB. Heavy caseloads and paperwork requirements affect their capacity to effectively do their work and result in a decreased concern for getting the injured worker back on the job.

ii. Paperwork

* Vocational rehabilitation caseworkers indicated that a large portion of their job involved paperwork - filling out the required forms and worksheets and that the burden of completing all these forms impeded their ability to assist their clients.

iii. Lack of Facilities and Resources

The areas most mentioned as impeding vocational rehabilitation staff from efficiently carrying out their responsibilities include:

* Access to Imaging Terminals - there is considerable variation across units with respect to access to imaging terminals. Terminals are readily available in some offices, while scarce or non-existent in others.
* Work Environment - In some offices, caseworkers have to share desks or tables. Lack of privacy when dealing with distraught workers and high noise levels were also mentioned as problematic.
* Support Staff - some units have adequate support staff while in other units, vocational rehabilitation specialists who have been transferred or who have left have never been replaced.

iv. Scheduling of External Time

* Some managers allow caseworkers to create their own schedules with respect to time spent outside the office while other managers insist on maintaining tight control. Caseworkers who are required to remain in the office on specific days found the system inefficient as it restricts them from effectively managing their time with clients and employers.

v. Medical Management

* Vocational rehabilitation staff expressed the opinion that clients are not getting the required attention because the medical rehabilitation strategy is not working. Injured workers are not being referred to community clinics within the required time frame.
* When medical progress monitoring is not done by claims adjudicators, caseworkers make FEL related decisions without adequate information on their clients' medical restrictions.
* Physicians do not properly complete forms and consequently caseworkers spend too much time trying to track down information. Moreover, general practitioners are not always willing to commit to specific prognoses or restrictions on injured workers.

II. Vocational Rehabilitation Staff Training

* While most caseworkers expressed the feeling that the formal training program is adequate, it does not stress the practical aspects of training (e.g. caseload management, use of resources and equipment, negotiating skills and case closure) in addition to the theoretical. Caseworkers indicated that training should be more regional specific and 'on the job' training more standardized.

III. Policies and Objectives

* Caseworkers and vocational rehabilitation specialists currently perceive Board policies and objectives as being in a constant state of flux and change.

* Policies and guidelines are further seen as too abstract and thus difficult to apply in specific situations involving injured workers. This creates confusion and lack of understanding.

* Early intervention policies, though sensible at an abstract level, are difficult to implement given heavy caseloads and insufficient staff and resources.

* Policy guidelines established in positive economic times have not taken into account the recent economic environment of company layoffs and other factors that influence the re-integration of injured workers into jobs.

IV. Communication

* Caseworkers and vocational rehabilitation specialists frequently see themselves as undervalued players in the larger Client Services area with little or no voice. By way of illustration, caseworkers reported that their jobs are viewed as less important than those of adjudicators. For the most part, vocational rehabilitation staff gave high ratings to their relationship with technical advisors.

* Good communications play an essential role in optimizing an effective team approach in resolving vocational rehabilitation issues. Units characterized by good communication styles were described as functioning more effectively; having higher levels of staff morale; holding regular meetings in which brainstorming sessions occurred and having lower staff turnover.

* In a significant but not majority of instances, managers with vocational rehabilitation rather than claims or pension backgrounds were seen as more effective and influential.

VOCATIONAL REHABILITATION STAFF'S COMMENTS AND SUGGESTIONS

The following recommendations were made by vocational rehabilitation staff pertaining to improvements in their jobs, communications and the relationship of WCB policy and its effective implementation in the field.

* Recommendations were made to reduce caseload volume by increasing the number of caseworkers and clerical support staff.

* Regular staff meetings or brainstorming sessions should be held where creative ways are found to manage time and reduce caseloads.

* Reduce the number of forms vocational rehabilitation staff are required to complete. Moreover, provide adequate support staff to assist with clerical work and photocopying.

* Create a more comfortable work environment for caseworkers by providing them with individual desks and better access to telephones and imaging terminals.

* Supply caseworkers with laptop computers which would enable them to improve caseload management and reduce paperwork.

* Vocational rehabilitation staff recommended that a two week practicum be introduced in the middle of the training program; a refresher course on policies and procedures be given after six months on the job; and periodic professional development seminars be offered.

* To facilitate the integration of new caseworkers, it was suggested that senior caseworkers act as resource persons to 'rookie' caseworkers during their first weeks of employment.

* Policy decisions need to be delivered more directly to vocational rehabilitation staff through meetings where policies and procedures for implementation could be fully

discussed and clarified. New policies should be posted in all offices and placed in manuals which are easily accessible to all staff.

* More effective channels of communication, particularly in a context of rapid policy change, is required to improve the relationship between senior management and vocational rehabilitation staff.

I. INTRODUCTION

In October 1991, the Workers' Compensation Board (WCB) established an internal working group to carry outa Vocational Rehabilitation Program Review (VRPR) to examine existing approahes to Vocational Rehabilitation, and to identify ways to enhance the Board's efforts to promote return to work.

It was determined that one of the key tasks in the VRPR was an objective assessment of vocational rehabilitation staff's understanding, attitudes, and perceptions of impediments in carrying out their jobs and providing vocational rehabilitation services. An external consultant was engaged to carry out a series of focus group interviews. A cross-secton of vocational rehabilitation staff aross the province were interviewed in late November and early December 1991.

The following report provides a description of the methodology and the findings of the focus group research.

II. TERMS OF REFERENCE

The external consultant was asked to assess a number of facets of a new vocational rehabilitation strategy introduced and implemented by the WCB across the province in 1990. More specificaly, to what extent do vocational rehabilitation staff possess a clear understanding of how the vocational rehabilitation strategy is to be implemented? What problems and issues are encountered in providing the service? The consultant was asked to explore the following terms of reference:

(1) Determine WCB vocational rehabilitation staff's knowledge of their jobs and confidence in their ability to carry out job functions. Do they understand their job? Do they feel they have received adequate training to do their job? Do they feel they have the ability and confidence to create vocational rehabilitation plans, set goals and objectives for workers?

(2) Determine the opinions and concerns of vocational rehab staff with respect to the process of providing vocational rehabilitation services. (ie. assess independently what

vocational rehabilitation caseworkers and specialists perceive to be the impediments to the effective provision of good service - resources, communication, facilities, support staff).

(3) Identify vocational rehabilitation staff's knowledge of and issues pertaining to vocational rehabilitation programs, policies and objectives. Are vocational rehabilitation policies effective in dealing with injured workers and employers? Are vocational rehabilitation staff comfortable with their knowledge base when discussing issues with injured workers, employers and the medical community? Are vocational rehabilitation policies effectively communicated to staff?

(4) Determine vocational rehabilitation staff's knowledge and understanding of the entire Client Services program. Is their role consistent with the larger WCB picture? What are their contributions to the larger Client Services Program?

II. METHODOLOGY

1. Sample Description

The decision was made to hold a total of nine focus group discussions in the following regional offices: Hamilton, London, Windsor, Ottawa, Thunder Bay, Sudbury, and Toronto (3 sessions).

A random sample of 58 vocational rehabilitation staff members across all regions of Ontario was selected. The majority was comprised of 40 vocational rehabilitation caseworkers. The remaining vocational rehabilitation specialists included: 7 social rehabilitation counsellors, 4 work site analysts, 5 placement advisors, and 2 modified work program specialists. Their length of experience with WCB varied from 3 months to 13 years.

2. Qualitative Methodology

The focus group interviews methodology was chosen as the means of assessing vocational rehabilitation staff's understanding of and attitudes towards their jobs and the vocational rehabilitation strategy in general. This qualitative methodology enables individuals to interact and share views in the context of like situations and experiences and provides an opportunity for

staff to communicate in a common language, resulting in a fuller portrait of their feelings and reactions to the issues at hand. The interviewer takes on the role of moderator and ideas naturally emerge from group interaction and the situation rather than from a pre-conceived questionnaire.

The following outline "Issues for Discussion During Focus Group Sessions" was employed as a means to capture the comments of the group in a form which would facilitate addressing the terms of reference and completing an analysis of the discussions.

ISSUES FOR DISCUSSION DURING FOCUS GROUP SESSIONS

A. JOB COMPONENTS

1. (a) Description of job functions, duties and responsibilities.
   (b) If lack of consensus among vocational rehabilitation staff re specific job duties/ responsibilities, discussion will be held.
   (c) For each function specified by individuals, an exploration of employees' perceptions of their ability to carry out their duties (e.g. training, expertise, adequate resources, support staff).

2. Identification of types of impediments to doing the job (e.g. caseload volume, delays in obtaining information, insufficient time, duplication of paperwork and functions).
   (a) Is there a perception that the impediments are major or minor in nature?
   (b) Is there a perception that the major\minor impediments can be modified or removed?
   (c) Do they perceive themselves as part of the decision making process leading to the modification or removal of impediments?

3. Probe whether caseworkers feel they have the ability and confidence to create vocational rehabilitation plans and to set goals and objectives with injured workers?

B. PROGRAM POLICIES AND OBJECTIVES

1. Identification and definition of vocational rehabilitation program policies and objectives.

(a) Identify group members' understanding of vocational rehabilitation program policies and objectives.

(b) If lack of consensus, probe differences.

2. Probe how effective they believe vocational rehabilitation policies are in dealing with injured workers and employers.

C. ORGANIZATIONAL DIMENSIONS

1. Identification of understanding by vocational rehabilitation staff of the entire Client Services program.

2. Probe their awareness of how they fit in and what their contributions are to the larger Client Services program.

(a) Do vocational rehabilitation staff see themselves as team players in the larger Client Services area

(e.g. the interrelationship between adjudicators and vocational rehabilitation staff).

(b) Have they had the opportunity to make recommendations for change? If not, given the opportunity, would they feel comfortable suggesting recommendations for change?

3. Probe how effective they perceive the sharing of communication and information to be (e.g. policy changes, management directives, sharing of information among units).

D. ADDITIONAL COMMENTS

Open Forum - Comments, concerns, opinions not covered in discussion.

IV. DATA

All nine focus group discussions were tape recorded. Participants were assured that their individual comments would remain confidential. Pertinent information and comments were extracted from each tape and classified, using the terms of reference in Section I. This means of classification yields a strategy for analyzing the responses of vocational rehabilitation staff across all nine locations. Additionally, it provides an opportunity for assessing consensus among vocational rehabilitation staff with regard to specific concerns and issues.

V. ANALYSIS AND DISCUSSION

In analyzing the nine focus group discussion sessions a number of common themes emerge with reference to the vocational rehabilitation employees' jobs. These themes, for presentation purposes will be organized into four major sections: A. Job Components; B. Program Policies and Objectives; C. Organizational Dimensions; D. Comments and Suggestions.

A. JOB COMPONENTS

1. a. Definition of Job

* When asked to describe the essential functions or components of their jobs, most caseworkers and vocational rehabilitation specialists had little difficulty in describing what they believed their essential duties to be.

* In some of the discussions, the term "paper pushing" or "paper shuffling" was cited as the caseworkers' main responsibility. Many saw the number of forms and amount of paper work they had to complete as impeding them from completing their main responsibility, that is to effectively return injured workers to jobs at a salary level comparable to their pre-injury earnings.

b. Confidence In Ability To Do The Job

* Vocational rehabilitation staff's perception of being able to do their jobs is directly related to their level of self confidence. In turn, their level of self confidence is strongly influenced by structural changes in job duties. These changes are perceived as being beyond the personal scope of control, producing a "Catch 22" situation. Thus, some workers expressed guilt that caseload increases (due to the vocational rehabilitation strategy of early intervention and insufficient staff) divert their ability to provide good service to injured workers. Rather the goal of dealing with injured workers is displaced. At a certain stage, a heavy caseload obligates the vocational rehabilitation staff member to treat injured workers as 'categories' and not as people. This then produces the sense of the job as "paper pushing". Guilt, an increased sense of low esteem and feeling that the job simply is not being accomplished then develops.

i. Essential Duties of Injured Workers

* Caseworkers expressed a lack of confidence in determining the essential duties of pre-injury jobs of injured workers. They defined the job descriptions which they do receive as being very broad and often left to interpretation by the worker, the employer and the doctor. Determining essential duties is very time consuming and some caseworkers felt that they lacked sufficient expertise to determine what is essential to accomplish the job objectives.

* Some vocational rehabilitation caseworkers also expressed a lack of confidence in their ability to set goals with injured workers. This was particularly emphasized by new caseworkers who felt that they had neither the exposure nor the experience to adequately develop vocational rehabilitation goals with injured workers.

ii. Future Economic Loss (FEL)

* Future Economic Loss (FEL) decisions - caseworkers feel a pressure to "beat the clock" because of the 12 month deadline set by legislation. They expressed feelings of

inadequacy in making decisions which will affect the future of injured workers. They resent having to predict or "crystal ball" the future vocational goals and future economic loss of their clients when they are not adequately equipped to make these decisions. In many instances decisions have to be made in the 'eleventh hour' when medical and personal information pertinent to the client is missing. At other times the client lacks direction or appropriate transferable skills to explore alternatives and relies on the caseworker to make the decisions.

* Some caseworkers expressed the feeling that confidence in their ability to do their work is undermined by their managers when their FEL decisions are overturned without any discussion. They are left with a sense of 'powerlessness' and loss of credibility.

c. Understanding the Vocational Rehabilitation Job

* Vocational rehabilitation staff expressed a certain degree of confusion pertaining to their job duties that can be traced to policy changes by the WCB since 1989. Staff feel that these changes have not been clearly communicated in everyday operational terms to staff in the field. By way of illustration, vocational rehabilitation staff are now not expected to counsel injured workers. Rather, they are to refer workers with counselling needs to a social rehabilitation counsellor or a placement advisor. Yet policy changes, they believe, ignore the realities of their job insofar as most injured workers require some counselling in vocational rehabilitation staff's efforts to return them to work.

2. TRAINING

* Training programs for vocational rehabilitation caseworkers varied from 4 weeks to 3 months with approximately two weeks of in office orientation. Vocational rehabilitation specialists tended to receive less formal training.

* Most caseworkers expressed the view that their training program gave them a good overview of WCB policies and procedures. Their training was very theoretical and did not place enough emphasis on the more practical aspects of the job such as caseload management, use of resources and equipment, negotiating skills with employers and case closure.

* Some caseworkers felt that their training should also be more geographically directed and include issues that are specific to their particular region.

* The type of training received 'on the job' varied considerably. Some caseworkers were assigned experienced staff to assist them for 2 - 3 weeks after their initial training and their caseload was gradually increased, while others were just 'dropped into' their jobs, handed a large caseload and left to "fend for themselves".

3. OBSTACLES OR IMPEDIMENTS TO DOING THE JOB

Vocational rehabilitation staff were asked to comment on what they perceived to be the main obstacles or impediments to doing their work. Major impediments mentioned by vocational rehabilitation staff include:

a. Caseload Volume

* Vocational rehabilitation staff in all nine discussion groups identified large, unmanageable caseloads as the primary obstacle to good job performance. Caseworkers participating in the discussions on average managed between 80 and 110 cases, whereas the optimum caseload set by the WCB is 55.
* Large caseload volume prevents vocational rehabilitation staff from providing the service they are committed to giving their clients and results in guilt, frustration, lowered self-esteem and high staff turnover.

b. Paper Work

* Vocational rehabilitation caseworkers indicated that a large portion of their job involves paperwork - filling out the required forms and worksheets. Some staff felt that more concern is given to completing the paperwork on time than getting the injured worker back on the job.

c. Additional Responsibilities

* Many caseworkers felt that the main duties and responsibilities of their jobs are not clearly defined. As a result of the vocational rehabilitation strategy, their job descriptions changed from vocational rehabilitation counsellors to caseworkers and while they were told that their main duties revolve around managing the file, in reality their responsibilities are much broader in scope. As the frontline representatives for the Board, they often act as a liaison among the employer, the injured worker, the doctor and other WCB staff. They are often called upon to perform a variety of functions and to respond to questions which are not directly related to the essential duties of their job. Moreover, they find themselves in situations where they provide counselling to injured workers, act as placement advisors and process portions of the claim which have not been completed by the adjudicator.

* This is especially evident in geographic areas where resources are limited and there are few vocational rehabilitation specialists.

d. Medical Management

Vocational rehabilitation staff expressed the following views on medical management:

* Clients are not getting the required attention and intensive service because the medical rehabilitation strategy is not working well. Injured workers are not being referred to community clinics within the required time frame. Caseworkers are of the opinion that doctors are not aware of these time restrictions. When medical progress monitoring is not

done by claims adjudicators, caseworkers end up making FEL related decisions without adequate information on their clients' medical restrictions.

* Physicians do not properly complete the Physician's Progress Report (Form 26) and consequently caseworkers spend too much time trying to track down the information.

* General practitioners are not always willing to commit to specific prognoses or restrictions on injured workers.

e. Lack of Resources

Vocational rehabilitation staff listed the following as impeding them from efficiently carrying out their responsibilities:

i. Access To Imaging Terminals

* There is considerable variation across units with respect to access to imaging terminals. While imaging terminals are readily available in some offices, many caseworkers mentioned restricted access to imaging terminals as a major problem. Some offices did not have any imaging terminals and relied on the mail to get their file information.

* Caseworkers also resent the fact that in some units claims adjudicators have priority access to the terminals and their terminal time could be interrupted by claims adjudication staff at any moment.

ii. Work Space

* Caseworkers expressed considerable resentment around lack of work space. Many caseworkers have to share desks or tables (3 - 4 caseworkers to a desk or table is the norm in some units).
* No shelves or space to put working files. Some caseworkers carried their files in cardboard boxes and placed them on wastepaper baskets.

* Some vocational rehabilitation staff complained that the noise level makes it difficult to dictate memos or speak to clients or doctors on the phone.
* Lack of privacy when dealing with distraught injured workers, was mentioned as a problem by vocational rehabilitation staff who were situated in units where private interviewing rooms were not readily available.

iii. Support Staff

* There are variations across units with respect to support staff such as vocational rehabilitation specialists (e.g. social rehabilitation counsellors, placement advisors). Some units have adequate support staff while in other units vocational rehabilitation specialists who have transferred or left, have never been replaced.

* More clerical help is needed to assist in processing paperwork and in photocopying.

iv. Lack of Supplies

* Lack of office supplies such as pens, paper,and file folders in some units.
* Vocational rehabilitation staff in one unit mentioned that they had not been issued with calendars or day timers to schedule appointments. Staff in another office requested that their telephone calling cards be returned to them.

f. Scheduling of External Time

* Scheduling of time spent outside the office varied considerably across units. Some managers were very flexible and allowed vocational rehabilitation caseworkers to create their own schedules according to their needs, while other managers insisted on maintaining tight control on time allocated to staff outside the office. Caseworkers who were required to remain in the office on specific designated days found this system to be inefficient as it restricted them from effectively managing their time with clients and employers.

g. Overtime

* Caseworkers complained that their hours of work have been reduced from 40 hours per week to 36 1/4 hours and their salaries reduced accordingly. While they are expected to do the same amount of work within the reduced time frame, their caseload size has been increased and their responsibilities expanded. Many stated that overtime is a necessity in order to 'maintain their sanity' but they do not receive any recognition for the extra time 'put in' nor are they paid for overtime.

3. POLICIES AND OBJECTIVES

Discussions with vocational rehabilitation staff across all regions of Ontario reveal a number of common perceptions regarding WCB policies, initiatives and their implementation. Several over-riding themes are particularly worth noting. Most caseworkers see current policy and policy guidelines as being in a state of constant flux and change. While policy guidelines may be seen as standard and clearly defined (and this is not generally the case) the abstract nature of policy proves troublesome for vocational rehabilitation caseworkers. Thus, caseworkers clearly understand the emphasis placed by WCB on a "team-approach" strategy in dealing with injured workers but given what they see as vague guidelines, interpret such an approach in a variety of different ways.

The frequency with which policy changes in WCB has occurred is disturbing to vocational rehabilitation caseworkers from the practical vantage of their job requirements. Caseworkers spend much of their time on the road and must often deal with caseloads that far exceed the optimum norm of 55 files. Policy changes are, as a consequence, difficult to interpret and to implement. Already overburdened with an extraordinary number of files, vocational rehabilitation caseworkers must find the time to review policy changes, that themselves, take time to filter through the system. Thus, while policy initiatives may seem to be clearly formulated, frequent

alterations in policy directives create confusion and lack of understanding. One caseworker referred to this as "policy de jour".

Issues Related to Bill 162 and the Early Intervention Strategy

At a more specific level, vocational rehabilitation caseworkers while recognizing the merits of WCB's early intervention strategy and Bill 162, expressed the belief that such policies are simply not practical in their application. Caseworkers provided a number of comments to support this view:

* Early intervention places a greater burden on caseworkers. Given the fact that caseworkers deal with between 80-100 cases, there are insufficient staff resources to provide the high standard of service associated with early intervention.

* Policies associated with the vocational rehabilitation strategy (for example WCB's hierarchy of objectives) are difficult to implement insofar as they are not sensitive to changes in Ontario's economic climate. Guidelines established in more positive economic times do not take into account the recent economic environment of company layoffs and the actual disappearance of companies. Injured workers cannot realistically expect to always return to their pre-accident employer and return to a wage level commensurate with the level enjoyed before their injuries.

* Policies related to re-employment and accommodation are difficult to implement during Ontario's poor economic climate. Some employers will create new jobs and be very accommodating to the injured worker, while other employers, perhaps because of the financial situation of their company, will not consider any modification.

* Bill 162 and WCB's hierarchy of objectives is particularly difficult to implement in economically depressed regions with one or two major employers and few other avenues for employment.

* Policy guidelines though clear, may be extremely difficult to apply to the personal situations of particular injured workers and specific regions of Ontario. Standard guidelines may not capture the objectives and needs of workers that vary in age, culture, formal level of education and whether they possess transferable skills. This is particularly valid for immigrant workers.

C. ORGANIZATIONAL DIMENSIONS

1.a. Position In Larger Client Services Program

The following comments were made by vocational rehabilitation caseworkers with respect to their position in the larger Client Services area:

* We act as a liaison among the injured worker, the employer and the adjudicator, we are the middle men.

* We see ourselves as team players with no voice.

* We are thought of as being at the bottom of the totem pole, we have nothing to offer and aren't respected.

* A team environment exists in some units and is successful and is not so in others, it depends on the group and its management style.

* What the Board has to realize is that with the lack of available financial resources, their policies and objectives of getting injured workers back to work cannot be achieved without caseworkers or vocational rehabilitation staff.

b. Relationship Between Vocational Rehabilitation Staff and Adjudicators

* The relationship between vocational rehabilitation staff and adjudicators is not always a positive one. Some caseworkers reported a very good working relationship with adjudicators, while others mentioned that some adjudicators were not very approachable.

* Some caseworkers expressed the opinion that their jobs were seen as less important than those of adjudicators. They based their opinions on the fact that adjudicators are provided with better resources, e.g. their own desks; easier access to imaging terminals and that adjudicators can override caseworkers' decisions.

c. Relationship Between Vocational Rehabilitation Staff and Technical Advisors (T.A.s)

* Technical advisors were, for the most part, given high ratings by vocational rehabilitation staff. Vocational rehabilitation staff generally find their technical advisors to be very approachable and supportive on all issues. Most vocational rehabilitation workers recognize that technical advisors are "bogged down" with a lot of extra work and under similar pressures.

* Criticism about technical advisors usually centred around those who had a 'claims' background and did not see the "value of rehabilitation".

2. COMMUNICATIONS

There is significant variation among vocational rehabilitation staff regarding the perceptions of effectiveness of communications across ISU units. Be that as it may, it is possible to identify assumptions underlying 'good' and 'bad' communications within units. Units characterized by good communication styles are generally perceived as functioning more effectively. Staff morale is higher and they experience less staff turnover. Regular meetings are

held in which technical advisors, vocational rehabilitation staff and managers 'brainstorm' in an effort to resolve thorny issues. Conversely units said to be characterized by 'poor' communication styles function less effectively; staff morale is lower. They experience high turnover and are less prone to employ an effective team approach in resolving issues.

In a significant but not a majority of instances, the background of managers plays an influential role. Managers with a vocational rehabilitation rather than a claims or pension background are better able to relate to the types of vocational rehabilitation issues experienced within the units. It should be emphasized, however, that this is not an 'across-the-board' phenomenon. Many managers with claims or pension backgrounds are perceived as good managers - holding regular meetings, setting firm schedules for workers and providing effective leadership in discussing and resolving disputes.

Most vocational rehabilitation staff perceived communication problems as residing not at the middle management level but at the senior management levels of WCB. Frequently policy decisions are reached in Toronto by senior managers that are relevant to the urban centres but do not relate well to the needs of injured workers in the more remote outlying areas of the province.

In some instances, vocational rehabilitation staff linked rapid changes in policy to the need for more effective communication. Better strategies for communicating policy changes and ensuring that these changes are understood is required.

3. OPPORTUNITIES TO MAKE RECOMMENDATIONS FOR CHANGE

Vocational rehabilitation staff were asked to comment on whether they had been given the opportunity to make suggestions or recommendations for changing or improving the system.

* A number of caseworkers and vocational rehabilitation specialists mentioned that they had been involved in team meetings where problems had been discussed and solutions sought, but recommendations were never implemented.

* Several vocational rehabilitation specialists specified that they had written detailed reports outlining specific suggestions for improvement but had never received any response or feedback to their recommendations from their managers.

* Most caseworkers and vocational rehabilitation specialists stated that they would feel 'very' comfortable making recommendations to improve the system provided they felt confident that management would be prepared to listen to and act on their suggestions and that their comments would not "fall on deaf ears".

4. VARIATIONS ACROSS REGIONS AND UNITS

* Certain regional variations were noted with respect to problems encountered by vocational rehabilitation staff. Caseworkers and vocational rehabilitation specialists working in more remote areas of Ontario noted that they spend a considerable amount of time in their job travelling to cover the territory assigned to them. This leaves them with less time to concentrate on their paperwork and serving their clients.

* Fewer vocational rehabilitation specialists, such as social rehabilitation counsellors and placement advisors are available in the outlying areas than in Toronto and the more urban centres. Referrals to specialists can be delayed for several months, placing more pressure on caseworkers to provide counselling services to their clients.

* Vocational rehabilitation staff outside the Toronto area expressed the sentiment that policy directives formulated by management in Head Office did not always apply or work as effectively in their local units.

* In comparing comments made by Toronto vocational rehabilitation staff and staff in other regional offices, no significant differences were noted. In fact, there appears to be as much variation in management style, facilities and resources, staff morale, caseload size, length of training, and communication problems within the larger ISU units as across regional areas.

VI. COMMENTS AND SUGGESTIONS

A number of recommendations were made by vocational rehabilitation staff pertaining to improvements in their jobs, communications and the relationship of WCB policy and its effective implementation in the field. These suggestions are listed below and classified by the appropriate sub-heading.

a. Vocational Rehabilitation Staff Training

* Training programs should be more realistic and include the more practical aspects of the job, such as caseload management, time management, use of equipment and resources, negotiating with employers, demonstrating how to set goals for injured workers and job search techniques.

* A two week practicum should be introduced in the middle of the training program. Staff would then return and complete their training session after having gained some experience "on the job".

* A refresher course on policies and guidelines after six months on the job would be helpful.

* Senior caseworkers should be assigned to 'rookie' caseworkers during the first weeks on the job to act as resource persons to ease the transition from training to employment for new employees.

* Training should be more regionally directed and should include issues that are specific to the caseworker's region.

* Caseload management should be re-introduced to training sessions.

* Setting aside specific days for professional development and training would help boost morale. These training seminars should be very practical and run by informative staff who are knowledgeable about vocational rehabilitation problems and issues.

b. Caseload Volume

* Hold regular staff meetings or case conferences where difficult cases would be discussed with the teams and solutions sought.

* Hire more vocational rehabilitation caseworkers and reduce caseloads to a manageable size (55-60 cases).

* Increase support staff to assist with the paperwork, information gathering and general clerical functions.

* Hold 'brainstorming' sessions with unit management and staff to find creative ways to manage time and reduce caseloads.

* Reduce caseloads not only to benefit caseworkers, but also injured workers and employers. Caseworkers would be able to provide better services to injured workers. This would result in clients returning to work sooner, collecting fewer benefits and consequently financial savings for employers.

c. Paperwork

* Provide support staff to assist with clerical work and photocopying.

* Reduce the number of required forms to be completed.

* Reduce duplication of forms.

d. Lack of Resources and Supplies

* The lack of available work space contributes to low morale among staff. Vocational rehabilitation caseworkers see themselves as 'professionals' and they view a cramped work environment where desks and telephones are shared, the requisition of office supplies closely monitored, and lack of access to imaging terminals as a clear indication that senior management does not regard them as professionals.

* The computer system is aligned for the claims adjudicators, allowing them to print on-line memos etc. immediately. The system should be updated to accommodate vocational rehabilitation forms.

* Caseworkers should be provided with laptop computers which would enable them to access information on clients' files. While laptop computers would not solve all the

problems of excessive caseloads, they would help them improve their caseload management. Caseworkers could use laptops to maintain schedules and complete form letters, thus reducing paperwork.

* Increase the number of imaging terminals and provide vocational rehabilitation staff with better and easier access to them. Delays in accessing terminals prevent caseworkers from properly managing and closing their files.

e. Medical Management

* Invite physicians in the community to visit industrial plants and view the jobs being performed so that they can familiarize themselves with the specific job functions. This will enable them to perform a better assessment of the worker's capabilities and limitations when preparing their reports.

* Provide support staff in each vocational rehabilitation unit to assist caseworkers in contacting physicians who have not prepared complete and adequate assessment reports on injured workers.

* Educate family physicians on WCB policies and objectives and how to complete the appropriate forms (especially Form 26) through public relations visits and training sessions.

f. Additional Responsibilities

* Caseworkers felt that WCB management did not recognize the fact that their job functions went far beyond the scope of managing a file. Many felt that the term "caseworker" was

too general and did not adequately convey the full range of their responsibilities. Some caseworkers suggested that the title "counsellor" be returned to them.

g. Scheduling

* Allow caseworkers to schedule meetings with clients and employers as the need arises rather than creating specific 'out of office' days. It is often difficult to accommodate employers and workers when 'out of office' time restrictions are placed on them.

h. Return to a Separate Vocational Rehabilitation Department

* A number of vocational rehabilitation staff expressed considerable disillusionment with the Integrated Service Unit (ISU). Some stated that from a rehabilitation point of view their ISU team did not work well. Vocational rehabilitation staff who came from diads where both managers and technical advisors had no rehabilitation background or experience were particularly vocal about creating a separate Vocational Rehabilitation department. Caseworkers who had recently started their jobs expressed concern that they could not go to these managers and technical assistants for assistance since they were not familiar with the vocational rehabilitation process and had to rely on co-workers for guidance.

i. Communications

* Policies need to be delivered more directly to vocational rehabilitation staff through the use of regular meetings where issues are raised and solutions suggested.

* Hold sessions with unit managers and staff where ideas are presented and ambiguous policy areas are actively debated. These sessions would help clarify ambiguous policies and define clear and consistent procedures to implement policy guidelines.

* All specialists be given the opportunity to meet on a regular basis to compare notes. Furthermore all teams in a region be given the opportunity to meet and discuss issues of mutual interest.

* Managers need to be trained in up-dated managerial techniques to help boost unit effectiveness, morale and lower turnover rates. Emphasis on managerial flexibility is particularly emphasized.

* Directors should meet to smooth out inconsistencies across units and obtain consensus on the use of procedures.

* Senior management should meet regularly with vocational rehabilitation staff and inform them of the 'vision' of the Board. At present, this vision is not clearly and effectively communicated.

j. Policies and Objectives

* There should be greater clarity and consistency of policy at the Board level. However, vocational rehabilitation specialists would not want to become 'slaves to policy' directives but rather wish to maintain flexibility in order to deal with a wide range of situations.

* Policy decisions need to be delivered more directly to vocational rehabilitation staff through meetings where policies and procedures for implementation could be fully discussed.

* New policies issued by the Board should be listed in all offices (posted on bulletin boards). All policies should be gathered in manuals and made readily available to all staff in each office.

VII. CONCLUSIONS

The image that emerged as a consequence of holding intensive discussions with vocational rehabilitation caseworkers and specialists was strongly positive. More specifically, staff appear dedicated to the goal of providing good service to injured workers by returning them to jobs at a salary commensurate with pre-injury earnings. Indeed, the concern expressed by some staff around such impediments as heavy caseloads, paperwork requirements, and the confusion produced by rapid policy changes supports this view. Most vocational rehabilitation staff are committed to doing a good job and essentially believe in early intervention. This commitment at times engenders frustration and anxiety when vocational rehabilitation caseworkers and specialists perceive that insufficient staff and resources, inconsistent policy guidelines, and ineffective communication (within units and between regional units and WCB) interfere with their essential duties. A net result is that many caseworkers and vocational rehabilitation specialists in the discussion groups see themselves as undervalued players in the larger Client Services area with little or no opportunity to contribute to the change process.

It should be noted that this is not an 'across the board' phenomenon. Rather, there is considerable variation across Toronto, across the province, and within ISU units with respect to perceptions of unit effectiveness, morale levels, availability of resources and management style. In fact, many vocational rehabilitation staff were very positive in their assessment of their managers and technical advisors and expressed considerable satisfaction with their jobs. Vocational rehabilitation specialists tended to be more optimistic and less critical, but this may be partially due to the fact that their work environment and resources tend to be better than those of caseworkers and they have more autonomy in their jobs. Caseworkers who described themselves as working in units where managers and technical advisors were supportive, where

regular meetings were held to discuss problems and issues, where access to their own work space and resources such as telephones and imaging terminals were readily available, and where good working relationships with non vocational rehabilitation members on their teams was positive, did not appear to be as daunted by large caseloads, and generally exhibited a more positive attitude towards their work.

When asked to make suggestions for change, caseworkers and vocational rehabilitation specialists provided detailed, practical recommendations. Among the suggestions offered were: a two week practicum in the middle of training; a refresher course on policies and guidelines after six months on the job; increased emphasis on regular staff meetings and brainstorming sessions with unit management and staff; increases in resources and supplies (e.g. available work space and imaging terminals); improvements in medical management including inviting physicians in the community to visit industrial plants to familiarize themselves with specific job functions; use of updated management techniques to help boost unit effectiveness and more contact between senior management (e.g. vice-presidents) and vocational rehabilitation staff to improve communications.

Training in Selected International Jurisdictions

INTERNATIONAL JURISDICTIONS AND TRAINING

Federal Republic of Germany

The dual system

The training of skilled workers in Germany takes place within a so-called dual system. The dual system refers to a training organisation where the efforts of two different training providers, private firms and publicly-run vocational schools, are co-operatively directed to a particular group of trainees for a substantial period of time. Private firms use the workplace, training workshops, and on-the-job instruction as different learning methods. In the vocational schools learning methods include; the classroom, workshops, laboratories, and model offices. Vocational training falls under the Federal Vocational Training Act, (1969). This Act regulates vocational training (basic training), further vocational education, and vocational retraining. The dual system reacts quickly to the needs of the economy and the changing demands for different types of training.

Vocational training for young disabled persons

In Germany, the vocational training of young disabled persons is relevant for both training and social policy. Educational and labour market policies have resulted in considerable efforts to assist disabled persons to gain in both occupational and social opportunities. For example, the Germans strongly endorse the integration of the disabled into the labour market which, they suggest, contributes towards meeting the shortage of skilled workers due to demographic changes in the workforce.

Efforts in Germany over time have been directed towards avoiding separate training courses for the young disabled. Various pilot projects in Germany have demonstrated that young disabled persons with learning difficulties are capable of gaining a full vocational qualification within the dual system as long as the relevant supports are provided. There are, however, special institutional measures aimed at young disabled persons with varying degrees of disability who cannot benefit from on-the-job training. In these special cases, training is provided in what are called "Berufsbildungswerke". These are are training centres concerned with the vocational training of the young disabled. They are run by charitable organisations and various foundations. The centres are often coupled with boarding schools where the disabled can be accommodated and provided with necessary social supports.

Workshops for the disabled are used to prepare severely disabled young persons for jobs or to provide alternative work opportunities when job placement is not possible.

Vocational rehabilitation and re-integration of adults

Under the German model vocational rehabilitation is regarded as those measures taken toward the vocational re-integration of adults whose ability to work has been partially or totally reduced due to illness or accident. Therefore, the target group for vocational rehabilitation are the disabled not young disabled persons who have not previously undergone training or participated in employment. The vocational rehabilitation of adults is carried out in

vocational retraining centres (Berufsforderungswerker). These centres are staffed by multi-disciplinary professionals including doctors, psychologists, and teachers. Other features of the centre include: development and use of progressive teaching methods and aids; provision of skilled worker qualifications; and referrals to university or special colleges.

Due to the Federal Government action program initiated in 1970, there are a network of twenty-one vocational retraining centres with about 12,500 training places. The funding of these centres is from accident insurance institutions along with the Federal Institute of Labour.

This retraining strategy was developed in a training centre in Heidelberg. This program focuses on the use of specialized assessment and vocational training. The assessment assits in determining the workers' skills and aptitudes and then matched to job available or soon to be available. Extensive use is made of labour market research to determine the jobs which will be in demand when the worker completes his training.

Sweden

The major characteristic of Swedish labour market policy is an emphasis on expenditures for active labour market policy. Active labour market policy means those programs which promote job creation programs such as, demand-oriented and supply-oriented programs. The program for labour market training is one significant element of an active labour market policy that has grown very quickly and at a particularly high level. This element is situated in a complex structure of Government policy known as the "Swedish model". There are four objectives for training under this model and they include: an upgrading of skills, a reduction in "structural" unemployment, a counter-cyclical stabilisation of unemployment, and a reduction of labour market disadvantage among vulnerable sections of the population.

In the past, labour market training has been jointly organised by the Labour Market Board (AMS) and the Board of Education (SO). However, since January 1986, AMS has organised separately from the National Market Board and the National Board of Education. The AMS group includes a small central authority Local Labour Market Training Centre (AMU), and a commissioned authority in each county. Each of these is headed by a board which includes representatives of both employers and trade unions. The curricular work of the central AMU is undertaken in concert with the National Board of Education in order to avoid duplication and secure compatibility between AMU and adult municipal adult education vocational courses.

Most training activities take place in the 50 AMU centres and 100 local centres located in the Sweden. In-plant training which is organized by the employer for his own employees for which he receives government subsidies are viewed as a benefit from collaboration between industry and the AMU centres.

The training offered at the centres is to meet the social targets of labour market training, as well as the economic objectives by means of speciality courses. Effort is made to provide the trainees with information and assessment

of their potential. Eligibility to the centres includes literacy skills and basic math. Training is geared to the individual needs of the trainee as is the duration of the program, and supervision and support is provided from the supervisor.

Training is provided free and participants receive a taxable allowance amounting to two-thirds of the industrial average wage. Employers contribute to 65 per cent of the allowance and the state the remaining thirty-five per cent. Training is usually vocational, although some courses are preparatory for labour market experience and some consist of general schooling.

Training programs place a strong focus on helping handicapped workers, elderly workers, women, youth, and migrants to prepare for possible jobs and are the primary recipients of training throughout the AMUs. In-plant or on-the-job training has been oriented for those threatened by job loss and for enterprises who need to upgrade their workforces or prepare workers for job changes within the enterprise. The disabled comprise more than twenty per cent of the trainees and are over-represented in training in comparison to their share of unemployment. This figure demonstrates the accessibility of the programs for disabled persons. There is regular follow-up concerning employment outcomes for trainees who participated and completed training programs. Fifty to sixty per cent of the disabled participants in vocational training courses are employed six months after leaving the program.

European labour market policy

The Commission of European Communities developed a new program called Force in January, 1991. This program aims to help improve the skill levels of Europe's workforce. Force is linked with the need recognised in the European Charter of Fundamental Social Rights to give all workers access to continuing training throughout their working lives. Force evolved as a result of an economy which required that an increasing number of jobs be knowledge based.

Force's objectives allow for a new level of partnerships between a Community training initiative and enterprises acting in partnership with each other, and with training bodies and other public and private development organisations:

° the need to invest in training;

° ensuring that employers can design and model their training on up-to-date information and data on the best continuing training available;

° encouraging more innovation in training management, methodology and equipment;

° underpinning the objectives of the single market by backing up transnational continuing training projects; and

° helping training systems respond to labour market needs and changes by improving Community-level forecasting of occupational and qualification needs.

General lessons from european labour market policy

According to Robert H. Haveman and Daniel H. Saks in their article, "Transatlantic Lessons for Employment and Training Policy", there are several lessons to be learnt form European Labour Market Policy. These authors state the following:

1. In prolonged periods of high unemployment because it is difficult to place workers in regular employment if they have low skills, or have a history of work problems or if they have been unemployed for a long time. They suggest three policy approaches:

   ° provide intensive counselling, placement, and training in combination with substantial employment subsidies and active outreach activities by local placement officers;

   ° decrease labour supply by encouraging return to school, school retention, participation in training activities,

   ° encourage short-term and part-time work rather than standard employment contracts.

2. Successful implementation of selective labour market measures is related to:

   ° careful co-ordination of policy measures by a single national institution from the national government down through local offices;

   ° full participation in policy formulation, implementation, and outreach by unions, employers, and government policymakers;

   ° intensive placement, counselling, and training efforts involving a high ration of trained professionals per jobseekers and firm; and

   ° major outreach efforts at the local level to induce the co-operation and participation of local public and private employer and union organisations.

3. Development of a comprehensive institutional structure for addressing employment and training issues. The structure is characterised by:

   ° a single primary agency established by the national government

   ° an extensive network of local offices emphasising outreach to employers and employees;

   ° participation in policy of formulation and implementation by employer groups and trade unions;

   ° substantial expenditures on developing a large professional staff of placement, counselling, and training personnel. (p.24)

4. Wage subsidies are regarded as important instruments of employment and training organisations.

5. Job placement or employment services are heavily involved in the hiring process.

6. As long-duration unemployment in Western Europe has replaced transitory unemployment, the rationale for giving monetary unemployment benefits is being increasingly questioned.

7. Work-sharing is an increasingly debated and adopted policy approach in the European countries.

An Annotation of Reports about Training

AN ANNOTATION OF REPORTS ABOUT TRAINING

Canadian Labour Market and Productivity Centre

Quarterly Labour Market and Productivity Review, Canadian Labour Market and Productivity Review, Winter 1989/1990.

Basic literacy and numeracy skills are essential to function effectively in a modern technological society. Workers must be able to read manuals and do numerical calculations. The formal education system provides entry-level workers with the technical knowledge needed to operate sophisticated equipment and do complex tasks, and with the analytical tools required for problem-solving. On-the-job training upgrades the skills of these already in the workforce, permitting them to use new equipment and information technologies. An educated and trained workforce will better able to adapt to changing economic conditions and circumstances. (p.23)

Canadian Manufactures' Association

The Canadian Manufacturers' Association, The Agressive Economy: Daring To Compete, June 1989.

For those already in the workforce, we need to remove barriers to upgrading skills and keeping pace with change. Older workers need opportunities to update their skills as products and processes evolve. When parts of the workforce are dislocated by changing technologies and international competition, training and retraining enhance mobility and permit rapid deployment of displaced workers in expanding sectors of the economy. (ch.5, p.5)

Ministry of Citizenship

Working Group On Employment Equity, Training Issues for Persons With Disabilities, Ministry of Citizenship, June 1989.

This paper cites various reports that indicate that employers report a lack of qualified applicants from designated groups. Two possible explanations are provided for these findings. The first has to do with labour force participation rates. The Canadian Health and Disability Survey (CHDS) (1984) reported that 54% of disabled persons between the ages of 15-64 were participating in the labour force compared to 78% of the general population. Secondly, the qualifications or competitiveness of many of the persons with disabilities, from the data provided in the CHDS, reveal lower levels of formal education when compared to the non-disabled. (p.3)

This paper also reports, on the basis of two separate studies, that disabled persons can not take advantage of training or innovative work arrangements because literacy is the more common problem. (p.6)

Citing the results of the CHDS that labour force participation is related to the degree of disability, 41% of mildly disabled persons were not in the labour force while 74% of severely disabled were not. (pp. 8-9)

Ministry of Skills Development

Labour Market Research Group, Adjusting to Change: An Overview of Labour Market Issues In Ontario, Ministry of Skills Development, June 1988.

From industry sector studies, the Ontario Task Force found that most firms predict the multi-skilling effect will be more important than de-skilling. The adoption of new technology will require workers to have more skills and more training to achieve proficiency and to know more about their firm's operations. Identified as needing higher level skills are a wide range of managerial, professional, technical and skilled trades occupations. Most companies also see good basic skills - basic reading and writing, mathematics and applied science, communication and interpersonal skills, analytical and problem-solving skills and computer literacy -- as being very important for workers who must deal with change and uncertainty brought on by technological change. (p.50)

The Training Decision: Training in the Private Sector, Ministry of Skills Development, April 1989.

...since many firms involved in training have neither training departments nor trainers, government can help private firms strengthen their expertise in areas like needs analysis and training plan design. Government can also assist by providing information on training courses. These kinds of initiatives can both help firms enter the training world and strengthen the quality of training, but without making them permanently dependent on government assistance. (p.37)

Ontario Advisory Council for Disabled Persons

Workable: Fulfilling the Potential of People With Disabilities, Ontario Advisory Council for Disabled Persons, June 1990.

In today's job market, workers who received limited, job-specific training risk being made redundant by changing technology and automation. It is therefore important that emphasis be placed on the acquisition of skills which can be transferred from job to job. These include literacy and numeracy skills. Small, independent business owners who are largely responsible for most new jobs created in Ontario, also place high value on information processing skills which can be applied in any job. (p.9)

Council recognises that some people are not literate in the usual way. However, they may be highly literate in other forms of communication, such as sign languages. Programs to strengthen literacy skills should therefore be accessible to all persons with disabilities.

... many apprenticeship training programs are inaccessible and are not well marketed to people with disabilities or potential employers. This means that people with disabilities are less likely to become apprentices and, ultimately, skilled trades people. (p.13)

Ontario Social Assistance Review Committee

Transitions: Report of the Social Assistance Review Committee, Prepared for the Ontario Ministry of Community and Social Services, 1988.

Employment continues to be one of the primary ways in which individuals contribute to the community, develop a sense of self-esteem and self-worth, and achieve achieve self-reliance. Education and training are key stepping-stones into the labour force. (p.93)

Finally, to ensure the success of training programs, it will be necessary to provide a variety of social supports to trainees. Having access to a skills-upgrading program will prove futile for unemployed single parents if child care is not affordable or available. Additional assistance may be required to defray costs for transportation, special tools, equipment, or clothing, or adaptations to the work or training site for disabled people. The existence or availability of training programs will not, in and of itself, guarantee success. (p.95)

Recommendation 105

Literacy courses for social assistance recipients should be provided by way of general literacy programs available to all members of the public.

The importance of literacy programs as a vechile to help recipients become more self-reliant cannot be underestimated. ... that increasing the literacy skills of social assistance recipients can increase self-esteem and self-confidence and can improve the chances of their obtaining employment and moving from dependence to self-reliance. (pp.302-303)

Recommendation 118

All relevant government ministries should further develop and expand the the delivery of integrated services that would enable people with disabilities to maximize their potential for independent community living, including employment. (p.326)

Ontario Task Force on the Vocational Rehabilitation

An Injury To One Is An Injury To All - Towards Dignity and Independence For the Injured Worker, Ontario Task Force on the Vocational Rehabilitation Services of the Workers' Compensation Board, August 1987

The Ontario Task Force states that major changes in the structure of the economy, such as the shift from manufacturing to service jobs and the increased use of advanced technology in production, requires a more educated work force. In this changing economy unskilled, uneducated and older workers will have the most difficult time finding new jobs. Those that are disabled will find it harder. (p.244)

The demand for an increasingly sophisticated work force means any training provided should integrate basic skills upgrading with any form of vocational rehabilitation offered. For many workers training-on-the-job is the most appropriate form of rehabilitation and should be more effectively used, especially in conjunction with other forms of upgrading, and as an entry to a permanent job in the labour market. (p.244)

The Task Force recommended (Recommendation No.25):

That the trend of decreasing expenditures for training be reversed to reflect the value of training as a rehabilitation tool for injured workers. (p.246)

Vocational rehabilitation must not be tied to the degree of disability but to the level of skills required to get a new job. For example, by far the largest majority of claims involved back disabilities. Vocational rehabilitation service might be limited to counselling for job search; whereas what is really needed is retraining or skill upgrading to get access to the type of work which will not make the condition worse. (p.246)

Premier's Council

Competing in the New Global Economy
Report of the Premier's Council Industrial Policy Studies Volume III

Recommendations for Ontario

The Council concluded that the work force of today and tomorrow must first be equipped with the basic literacy and numeracy skills that will allow them to gain employment and continue to function effectively in the workplace. But it is also imperative that they receive specific skill training that is compatible with the needs of industry. Government's role in reaching this objective should be to ensure that incentive are in place to increase training for industry and by industry.

The adequacy of the education, training, and labour market adjustment measures must be followed up with a more intensive investigation into a number of critical areas, including:

° the low literacy and basic skills levels of the work force, and the availability of basic skills upgrading opportunities to meet their needs;

° the shortcomings of the apprenticeship system and how these can best be addressed;

° methods of increasing the amount and quality of training by industry through incentives or a regulatory framework;

° the special needs of older workers in restructuring industries and employment fields where major adjustments are occurring;

° the role of training in industrial adjustment, particularly in comparison to the training-for-adjustment experience of other countries. (pp.148-49)

Premier's Council, People and Skills in the New Global Economy, Queen's Printer for Ontario, 1990.

Training is just not an economic issue; it is fundamentally a social equity issue as well. From the vantage point of business or the economy as a whole, training is about increasing international competitiveness and raising the

value-added per employee in Ontario. From the worker's perspective, training is about enhancing one's career life chances and economic returns; it is integrally connected to issues of opportunity and personal advancement. This dual context of training is central to the Council's view of the training challenges in the province". (p.86)

University Centre for International Rehabilitation

Habeck, Rochelle V., et al, Economics and Equity in Employment of People with Disabilities: International Policies and Practices, The University Centre for International Rehabilitation Michigan State University Proceedings form the Symposium: April 28 - May 2, 1984.

Norman Acton, "Policies for the Employment of Disabled People", Rehabilitation International.

Remedy to the employment of disabled persons includes four co-ordinated lines of action... that any national policy must be judged.

(1) The removal of barriers - physical barriers of the workplace as well as transportation, attitudinal, regulatory, economic barriers that in times of high unemployment excludes disabled people and in times of unemployment have compounded their disadvantage.

(2) That education and training are provided to prepare disabled people for work opportunities. For most of the world's people who are impaired, illiteracy and the absence of a basic education impose restrictions as severe as their impairment.

(3) The creation of more employment opportunities for people with disabilities.

(4) Systems that service disabled people and employers and that make their connections between them. (p.4)

Social Planning Council of Metropolitan Toronto

Armine Yalnizyan and David A. Wolfe, Target On Training: Meeting Workers' Needs In a Changing Economy, Social Planning Council Of Metropolitan Toronto, February, 1989.

The existing framework of publicly supported training is further undermined by the lack of integration between income-support and training policies. There are two many serves financial disincentives for many people who would otherwise choose to invest in the training option rather than continue to receive social assistance or continue struggling with long or frequent bouts of unemployment. (p.77)

The predominant principal which shapes the current approach to employment and training is that of re-integrating back into the labour market those who have been left behind by economic transitions. This approach sets people for failure. Many of the occupational growth categories are low skilled jobs, paying miserable wages in the commercial and service sectors. Consequently,

there are an increasing number of the working poor who have few working skills and few options for escaping a life of menial dead-end jobs. (p.77)

Among displaced workers, there are indications that the real barrier to finding new jobs is people's reluctance to accept work that pays substantially less than previous jobs. Though this is a period of great prosperity, there is constant pressure on people to lower their expectations. (p.78)

Royal Commission on Employment Equity

Judge Rosalie S. Abella, Equality In Employment: A Royal Commission Report, October 1984.

Jobs can realistically be made available only to those who are qualified to undertake them. No strategy designed to increase the participation of particular groups or individuals in employment systems can work unless the proposed employees have the skills to do the job. (p.129)

Without the necessary education and training, members of the designated groups to cannot hope to join the economic competition on an equitable basis. It is important to remember that barriers to their access exist at this outer gate and that they are no less formidable than the ones in the main employment area. (p.175)

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